

# OUR LADY OF PERPETUAL HELP SCHOOL

836 De witt Ave. • Clovis, CA 93612  
Phone: (559) 299-7504 • Fax: (559) 299-4627  
Website: www.olphschool.net

## APPLICATION FOR ENROLLMENT

**PLEASE PRINT**

### STUDENT'S INFORMATION:

**School Year:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ Gender: M or F DOB: \_\_\_/\_\_\_/\_\_\_ email \_\_\_\_\_

**STUDENT'S NAME:** \_\_\_\_\_

Address: \_\_\_\_\_  
Last First Middle Initial  
Number Street City/ ST/ Zip (\_\_\_\_) \_\_\_\_\_ -  
Telephone #

School Previously Attended: \_\_\_\_\_ City/ State: \_\_\_\_\_ Telephone: \_\_\_\_\_

First Communion: Date: \_\_\_/\_\_\_/\_\_\_ Parish: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_

Ethnicity: [ ] Caucasian; [ ] African Am.; [ ] Asian/Pac.Island.; [ ] Hispanic; [ ] Other: \_\_\_\_\_

### FATHER'S INFORMATION:

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_ U.S. Citizen: Y or N

Address if Different from Student's \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
City/ ST/ Zip Cell Phone Work Phone

Catholic: [ ] Yes [ ] No Parish: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

### MOTHER'S INFORMATION:

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_ U.S. Citizen: Y or N

Address if Different from Student's \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
City/ ST/ Zip Cell Phone Work Phone

Catholic: [ ] Yes [ ] No Parish: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

### IF STUDENT DOES NOT RESIDE WITH PARENT(S) PROVIDE GUARDIAN INFORMATION BELOW:

Name: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Birthplace: \_\_\_\_\_ City/ ST/ Zip Home Telephone

Occupation Work Telephone

### FAMILY STRUCTURE

Student Resides With: [ ] Both Parents [ ] Guardian [ ] Grandparent(s) [ ] Single Parent–Mother [ ] Single Parent–Father  
[ ] Blended Family (Includes a Step-Parent) [ ] Other: \_\_\_\_\_

Other Children in the Family:

	<u>Name(s) – First &amp; Last</u>	<u>Age</u>	<u>School (If Any)</u>	<u>Grade</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

### OTHER INFORMATION:

Why Have You Chosen **OUR LADY OF PERPETUAL HELP School**? \_\_\_\_\_

Please use the space below for any additional information you would like to share with us at this time:

Signature of Parent/ Guardian: \_\_\_\_\_ Date \_\_\_\_\_