## OUR LADY OF PEACE SCHOOL REGISTRATION FORM 2024/2025 SCHOOL YEAR KINDERGARTEN – SEVENTH GRADE

GRADE IN SEPTEM	BER, 2024	TODAY'	S DATE			
STUDENT'S NAME _						
(Last)		(First)	(Middle)			
ADDRESS						
(City)	(City)		(Zip)			
HOME PHONE			SCHOOL DISTRICT			
EMAIL ADDRESS TI	HAT YOU W	OULD LIKE TO RECEIVE N	NOTICES AT			
(Please print clearly)						
CHILD'S DATE OF I	HILD'S DATE OF BIRTHPLACE OF BIRTH					
GENDERMale _	Female <b>E</b>	THNICITYHispanic	or LatinoNot Hispanic or Latino			
RACEAmer_Black or Africa		Native AmericanN	Native Hawaiian/Pacific Islander White			
STUDENT RESIDES	WITH	Both ParentsMother	FatherGuardian			
RELIGION		LANGUAGE SPO	OKEN IN HOME			
HOME PARISH						
PARISH ADDRESS _						
SACRAMENT	DATE	CHURCH NAME	ADDRESS- CITY, STATE, ZIP			
BAPTISM						
FIRST PENANCE						
FIRST COMMUMION						
CONFIRMATION						

LAST SCHOOL ATTENDED	GRADE COMPLETED					
ADDRESS						
Did your child ever receive support ser	vices or have s 504 or an IEP?					
FAMI	ILY INFORMATION					
MOTHER'S NAME(Last, First)						
MOTHER'S MAIDEN NAME						
MOTHER'S RELIGION	PLACE OF BIRTH					
MOTHER'S OCCUPATION						
PLACE OF EMPLOYMENT						
MOTHER'S BUSINESS ADDRESS						
WORK PHONE CELL PHONE						
MOTHER'S EMAIL (please print clearly)						
FATHER'S NAME(Last/First)						
FATHER'S RELIGIONPLACE OF BIRTH						
FATHER'S OCCUPATION						
PLACE OF EMPLOYMENT						
FATHER'S BUSINESS ADDRESS						
FATHER'S WORK PHONE	CELL PHONE					
FATHER'S EMAIL (please print clearly)						
GUARDIAN' NAME (IF APPLICABLE)	PHONE					
NAME OF SIBLINGS	DATE OF BIRTH					
	DATE OF BIRTH					
I authorize Our Lady of Peace School to requ	est records and information from my child's current school.					
PARENTS SIGNATURE	DATE					
FOR OFFICE USE ONLY						
Birth CertificateBaptismal Certificate	Record of Immunizations Registration Fee					