OUR LADY OF PEACE SCHOOL REGISTRATION FORM 2023/2024 SCHOOL YEAR KINDERGARTEN – SEVENTH GRADE

GRADE IN SEPTEMBER, 2023				TODAY'S DATE			
STUDENT'S	S NAME _						
		(Last)		(First)	(N	(Iiddle)	
ADDRESS _					 		
_	(City)			(State)		(Zip)	
` '			SCHOOL DISTRICT				
			OULD LIKE TO				
(<u>Please print</u>	<u>t clearly</u>)_						
CHILD'S DATE OF BIRTH				PLACE OF BIRTH			
GENDER _	Male _	Female E	THNICITY	Hispanic or	Latino	Not Hispanic or Latino	
	American Indian or Native American Black or African American						
STUDENT I	RESIDES	WITH	Both Parents	Mother _	Father	Guardian	
RELIGION		LANGUAGE SPOKEN IN HOME					
HOME PAR	RISH						
OUR LADY	OF PEA	CE PARISH I	ENVELOPE NUN	MBER			
PARISH AD	DRESS _						
SACRAMEN	NT	DATE	CHURCH NA	AME	ADDRESS-	- CITY, STATE,ZIP	
BAPTISM							
FIRST PEN	ANCE						
FIRST COMMUMI	ION						
CONFIRMA	ATION						

LAST SCHOOL ATTENDED		GRADE COMPLETED					
ADDRESS							
Did your child ever receive	support services or hav	ve s 504 or an IEP?					
	FAMILY INFORMA	ATION					
MOTHER'S MAIDEN NAME							
MOTHER'S RELIGION	E OF BIRTH						
MOTHER'S OCCUPATION							
PLACE OF EMPLOYMENT							
MOTHER'S BUSINESS ADDRES	SS						
WORK PHONE	WORK PHONE CELL PHONE						
MOTHER'S EMAIL (please print	clearly)						
FATHER'S NAME(Last/First)							
FATHER'S RELIGION	FATHER'S RELIGIONPLACE OF BIRTH						
FATHER'S OCCUPATION							
PLACE OF EMPLOYMENT							
FATHER'S BUSINESS ADDRES	s						
FATHER'S WORK PHONE		CELL PHONE					
FATHER'S EMAIL (please print c	elearly)						
GUARDIAN' NAME (IF APPLIC	CABLE)	PHONE					
NAME OF SIBLINGSDATE OF BIRTH							
	DATE OF BIRTH						
I authorize Our Lady of Peace	School to request records ar	nd information from my child's current school					
		DATE					
FOR OFFICE USE ONLY	Birth Certificate						
	Baptismal Certificate						

Immunization Record

Registration Fee