

OLPH REGISTRATION - ALL information below is REQUIRED

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Except for Shaded Office Use Boxes

Office Use: SIBLING _____
Date _____
Assigned to: Grade _____
Room _____

↑ Child's Last Name First Name Middle Name **Today's Date**

**Guardian/Parent
circle Ethnicity:**

- ASIAN BLACK
- HISPANIC
- NATIVE HAWAIIAN
- AMERICAN INDIAN
- WHITE MULTI RACIAL

↑ last four digits SS # Place of Birth Date of Birth *Description on Reverse Side* *circle:* Female / Male

Present Address of student (Lives w/ F M) Zip Code Telephone -circle if UNL **Parish Registered In** Envelope #

Father Last Name First Middle Initial U.S. Citizen? / Religion / Occupation Bus. Address/Phone

Mother Maiden Name First Middle Initial U.S. Citizen? / Religion / Occupation Bus. Address/Phone

Parents Married Father Dead Mother Dead Foster Home Parents Separated Parents Divorced Remarried: Father Mother Single Parent

If a parent is a graduate of OLPH School: Name _____ Year _____ or involved in OLPH Parish Ministry : _____

Language your family speaks most often at home? / Language your child speaks most often? / Language your child first learned to speak?

Any chronic illness in the home? Yes No If Yes, Explain: _____

Name of Guardian -If other than above Relationship U.S. Citizen? Religion Occupation Bus. Address/Phone

Child's Baptismal Date Church of Baptism City/State of Church

First Communion Date Church City/State of Church

First Confession Date Church City/State of Church

Previous School Address of School City/State Last Grade Attended

Office Use:	Birth Certificate _____	Wait List _____	Registration Fee _____ Ck. # _____	CTODP sent _____
	Baptismal Certificate _____	Accept Ltr Mailed _____	Contract Mailed _____ date _____	Summer Mailing _____
	Health Records _____	Withdrew App. _____	Contract Return _____	Bus Reg sent _____