



**OUR LADY OF PERPETUAL HELP SCHOOL**  
**8970 HIGHWAY 23, BELLE CHASSE, LA 70037**  
**504-394-0757**

Office Use Only
Grade Entering: _____
Number in Family: _____
Registration Paid _____ Y _____ N

**2021-2022: REGISTRATION**

Student's First Name:	Middle Name:	Last Name:	Grade:
	Date of Birth:	Gender:	Age:
<b>Mandatory Information</b> For grant and federal reporting purposes	Race: _____ 01 – Hispanic/Latino of any race _____ 02 – American Indian _____ 03 – Asian _____ 04 – Black or African American _____ 05 – Nat. Hawaiian or Pacific Islander _____ 06 – White _____ 07 – Two or more races	Family Income Level	
		_____ \$0 - \$ 25,000 _____ \$ 25,000 - \$ 50,000 _____ \$ 50,000 - \$ 75,000 _____ \$ 75,000 - \$ 100,000 _____ \$ 100,000 - Over	
Social Security Number:			
Catholic Church Parish:	Religion:	Primary Language Spoken at Home:	
Student Resides with: ___ Both ___ Joint ___ Mother ___ Father ___ Guardian ___ Other (note on back) <small>(If a custody order affecting the child during the school day has been issued, the school must be provided with a certified copy of that document in order to act upon it.)</small>			
Student Home Address	City	State and Zip	

**INFORMATION FOR PRIMARY PARENT LIVING WITH STUDENT**

First Name	M Initial	Last Name	Suffix
Work Phone	Cell Phone:	E-Mail:	
Place of Employment		Occupation	
Is father a graduate of Our Lady of Perpetual Help? _____ Y _____ N			

**INFORMATION FOR SECONDARY PARENT LIVING WITH STUDENT**

First Name	M Initial	Last Name	Suffix
Work Phone	Cell Phone:	E-Mail:	
Place of Employment		Occupation	
Is mother a graduate of Our Lady of Perpetual Help ? _____ Y _____ N			

**STEP PARENT INFORMATION (IF APPLICABLE)**

Name:	Relationship to student:
Street Address	City, State Zip
Home Phone ( ) -	E-Mail:
Work Phone ( ) -	Cell Phone:
Place of Employment	Occupation
Is a parent a graduate of Our Lady of Perpetual Help? _____ Y _____ N	

Check if Appropriate

<input type="checkbox"/> Mother Deceased	<input type="checkbox"/> Father Deceased	<input type="checkbox"/> Parents Separated	<input type="checkbox"/> Parents Divorced	<input type="checkbox"/> Mother Remarried	<input type="checkbox"/> Father Remarried
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Please list siblings under the 18 and include their birthday and current school

Name	School	Grade	Name	School	Grade
Name	School	Grade	Name	School	Grade

School

Present School:	Grade:
Address:	Telephone #
Name of Principal or Counselor:	Fax #

Schools attended in the past 3 years:

School	Grade	Location	Dates Attended

Has your child ever been suspended, expelled or requested to voluntarily withdraw from any school?  Y  N

Please list the names and numbers of emergency contacts for your child(ren). Should the school be unable to contact the parent, permission is granted to contact the following to provide information regarding transportation for the child(ren).

Name	Telephone	Relationship

Health Insurance Company: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

To help us determine how we can best be of service to your child, please complete the following questions:

1. Please choose the appropriate statement:

Member of Our Lady of Perpetual Help Parish for \_\_\_\_\_ (length of time).

Member of \_\_\_\_\_ Parish for \_\_\_\_\_ (length of time).

Our family is Non-Catholic.

2. Grade 3-8 only:

Date of First Communion: \_\_\_\_\_ at \_\_\_\_\_ in \_\_\_\_\_.  
Date Church City, State

3. Pre-K and Kindergarten only: Is your child potty-trained?  Yes  No

*Potty Trained means that your child is able to care for their own physical and hygiene needs. After three solid accidents, your child may be asked to withdraw. Diapers and or Pull-ups are not allowed.*

4. Does your child wear eyeglasses or contact lenses?  Yes  No

If yes, please provide details: \_\_\_\_\_

5. Is your child on regular medication?  Yes  No If yes, please explain, giving details regarding the nature of the medication, the dosage, side effects, and any other necessary information.

Medication Name	Dosage	Taken for	When taken

6. Other than regular checkups, is your child under regular doctor's care for physical or psychological issues?

Yes  No If yes, please explain in detail: \_\_\_\_\_

7. Does your child have any other unique or special needs?

Yes  No If yes, please explain in detail: \_\_\_\_\_

Has your child ever had a medical, psychological, or academic evaluation to address school performance?

Yes  No If yes, a copy of that evaluation must be provided to the principal prior to the completion of the registration process. All evaluations are kept confidential and only information pertinent to a child's school performance will be shared with faculty and staff, as necessary.

### ACKNOWLEDGMENT FOR MEDICAL TREATMENT

7. The undersigned, who represent that they are the parents and/or legal guardians of the student presently enrolling in Our Lady of Perpetual Help School, acknowledge that this school does not provide medical services. The undersigned acknowledge that the school does not assume the role of health care provider in diagnosing or treating its students; nor does the personnel (includes principal, faculty, and staff) have experience, knowledge, or expertise in providing any emergency treatment that may be necessary for any students, including but not limited to – and by way of example only – any treatment for allergic or diabetic conditions. The school will take reasonable steps in a medical emergency to care for a student. In specific circumstances in which a student needs to self-medicate or requires assistance with medication, or needs other medical assistance the undersigned acknowledges that the school may be unable to accommodate the medical needs of this child/student. This matter should be discussed directly with the school principal. In certain circumstances in which the student needs to self medicate or needs other medical assistance, the undersigned acknowledges that this must be discussed with the school principal.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

8. Parents understand that Our Lady of Perpetual Help Catholic School is a Catholic Ministry of the Catholic Church. Central to Our Lady of Perpetual Help Catholic School's curricular goals and to the mission of the school is the teaching of religion. The Catholic faith is integrated into the physical, social, academic, and emotional development of the whole child. Likewise, religion is a required subject and is taught on a daily basis to all students regardless of religious affiliation. Students are required to participate fully in the religion component of the school.

9. Our Lady of Perpetual Help Catholic School does not discriminate on the basis of race, color, national or ethnic origin in the administration of its policies.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PUBLICATION CONSENT**

I/We, the undersigned parent(s) of a student at Our Lady of Perpetual Help School, hereby indicate our permission to OLPH School/Parish and/or the Archdiocese of New Orleans to publish and/or print my/our child's name and/or likeness on the School/Parish website on the internet and/or world wide web. From time to time, the school may also wish to publish examples of student work, photographs of students, or photographs of student groups for academic or publicity purposes in the newspaper, in educational displays, or at professional meetings. I/We hereby further release, indemnify and hold harmless OLPH School/Parish, the Roman Catholic Church of the Archdiocese of New Orleans, their directors, officers, agents, pastor(s), employees and insurers from any and all claims and/or damages on behalf or myself/ourselves and/or our child arising from the publication of my/our child's names, photograph, or likeness on videotape and/or film on OLPH School's/Parish/s website on the internet.

**CONSENT FOR THE PUBLICATION**

**Do you agree that your child's work, first name, or picture may be published on the internet, including but not limited to the school's website and Facebook page.**

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Do you agree to potentially having your child's work, first name, or picture published in the newspaper, presented in educational displays, or displayed at educational meetings.**

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**HOME SURVEY**

**We are federally mandated to provide the following information to the Louisiana Department of Education. Please answer the following questions.**

**MANDATED HOME SURVEY QUESTIONS**

1. First Language learned by students \_\_\_\_\_
2. Language(s) other than English used at home \_\_\_\_\_
3. Language student uses most often \_\_\_\_\_

**Our Lady of Perpetual Help Catholic School**  
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**Release of Information**

Date: \_\_\_\_\_

Present School: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Please forward the following school records for the above named student.

\_\_\_\_\_ Cumulative grade card –(including grades up to the date of withdrawal)

\_\_\_\_\_ Most recent report card

\_\_\_\_\_ Achievement test scores

\_\_\_\_\_ Health records

\_\_\_\_\_ Psycho-educational evaluations

Any other pertinent information that might assist us in giving the student helpful guidance will be appreciated.

Thank you in advance for your cooperation.

Sincerely,

Annette Accomando, Principal

I authorize \_\_\_\_\_ to release the records that are checked above to Our Lady of Perpetual Help Catholic School.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_