

**OUR LADY OF PEACE SCHOOL REGISTRATION FORM 2020/2021 SCHOOL YEAR
KINDERGARTEN – SEVENTH GRADE**

GRADE IN SEPTEMBER, 2020 _____ **TODAY'S DATE** _____

STUDENT'S NAME _____
(Last) (First) (Middle)

ADDRESS _____

(City) (State) (Zip)

HOME PHONE _____ **SCHOOL DISTRICT** _____

EMAIL ADDRESS THAT YOU WOULD LIKE TO RECEIVE NOTICES AT

(Please print clearly) _____

CHILD'S DATE OF BIRTH _____ **PLACE OF BIRTH** _____

GENDER ___ Male ___ Female **ETHNICITY** _____ Hispanic or Latino ___ Not Hispanic or Latino

RACE _____ American Indian or Native American _____ Native Hawaiian/Pacific Islander
_____ Black or African American _____ Asian _____ White

STUDENT RESIDES WITH _____ Both Parents ___ Mother ___ Father ___ Guardian

RELIGION _____ **LANGUAGE SPOKEN IN HOME** _____

HOME PARISH _____

OUR LADY OF PEACE PARISH ENVELOPE NUMBER _____

PARISH ADDRESS _____

SACRAMENT	DATE	CHURCH NAME	ADDRESS- CITY, STATE,ZIP
BAPTISM			
FIRST PENANCE			
FIRST COMMUNION			
CONFIRMATION			

LAST SCHOOL ATTENDED _____ GRADE COMPLETED _____

ADDRESS _____

FAMILY 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 RELIGION _____ **PLACE 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** _____

_____ **DATE OF BIRTH** _____

I authorize Our Lady of Peace School to request records and information from my child's current school.

PARENTS SIGNATURE _____ **DATE** _____

FOR OFFICE USE ONLY

Birth Certificate	
Baptismal Certificate	
Immunization Record	
Registration Fee	