

**OUR LADY OF PEACE SCHOOL**  
640 Old Fairmont Pike - Wheeling, WV 26003  
Phone 304-242-1383 - Fax 304-243-5410 - E-mail: [info@olpschool.org](mailto:info@olpschool.org)

**ENROLLMENT FORM**

**I. EDUCATIONAL INFORMATION**

Last school attended: \_\_\_\_\_

Last grade completed (please circle): PK    K    1    2    3    4    5    6    7    NA

Is this pupil receiving any special services in his present schooling? (For example: learning disability, hearing impaired or medical alerts, speech therapy, remedial reading or math, etc) If so, please explain:

\_\_\_\_\_  
\_\_\_\_\_

**II. PERSONAL INFORMATION**

Pupil's name: \_\_\_\_\_ Social Security # \_\_\_\_\_

(First name)

(Middle name)

(Last name)

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

Home phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

\_\_\_\_\_ E-mail: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Place of birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Age as of September 1: \_\_\_\_\_ Baptismal date: \_\_\_\_\_ Place of Baptism: \_\_\_\_\_

Registered parishioner at Our Lady of Peace?  Yes  No Catholic?  Yes  No

Parents' Marital Status:  Married  Separated  Divorced  Widowed  Remarried

If divorced, are school records/information permitted to be given to non-custodial parent?  Yes  No

Father's (Guardian's) Name: \_\_\_\_\_

SSN: \_\_\_\_\_

Address: (omit if same as pupil): \_\_\_\_\_

Home phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Place of Business: \_\_\_\_\_

Business phone: \_\_\_\_\_

Position: \_\_\_\_\_

Alumni of Our Lady of Peace?  Yes  No

Mother's (Guardian's) Name: \_\_\_\_\_

SSN: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

Home phone: \_\_\_\_\_

Address: (omit if same as pupil): \_\_\_\_\_

Cell phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Place of Business: \_\_\_\_\_

Business phone: \_\_\_\_\_

Position: \_\_\_\_\_

Alumni of Our Lady of Peace?  Yes  No

**(TURN OVER AND COMPLETE OTHER SIDE OF FORM)**

Step Parent's (Guardian's) Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
 Address: (omit if same as pupil): \_\_\_\_\_ Home phone: \_\_\_\_\_  
 \_\_\_\_\_ Cell phone: \_\_\_\_\_  
 \_\_\_\_\_

Is step parent permitted to receive school information? \_\_\_\_\_ Yes \_\_\_\_\_ No

Place of business: \_\_\_\_\_ Business phone: \_\_\_\_\_  
 Position: \_\_\_\_\_ Alumni of Our Lady of Peace? \_\_\_\_\_ Yes \_\_\_\_\_ No

Number of:  
 Brothers & ages: \_\_\_\_\_ older - age/s \_\_\_\_\_ Sisters & ages: \_\_\_\_\_ older - age/s \_\_\_\_\_  
 \_\_\_\_\_ younger - age/s \_\_\_\_\_ younger - age/s \_\_\_\_\_

School/s attending (if applicable): \_\_\_\_\_

**III. MEDICAL HISTORY OF CHILD**

Pupil's Name: \_\_\_\_\_ Family doctor: \_\_\_\_\_ Phone \_\_\_\_\_  
 Family dentist: \_\_\_\_\_ Phone \_\_\_\_\_

<u>Diseases:</u>			<u>Subject to:</u>		
	Yes	No		Yes	No
Chickenpox	___	___	Allergies	___	___
Diabetes	___	___	Asthma	___	___
Diphtheria	___	___	Earache	___	___
Epilepsy	___	___	Frequent colds	___	___
Measles	___	___	Nausea	___	___
9 day Rubeola	___	___	Nose bleeds	___	___
3 day Rubeola	___	___	Skin rash	___	___
Pneumonia	___	___			
Polio	___	___			
Rheumatic Fever	___	___	Allergic to: _____		
Scarlet Fever	___	___	_____		
Tonsillitis	___	___	_____		
Tuberculosis	___	___			
Typhoid	___	___			
Whooping Cough	___	___			

Please list any ongoing medication prescribed for pupil: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

List any physical conditions (speech defect, impaired hearing, deformities, poor eyesight, bad teeth, kidney or heart trouble): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Has the pupil lived in the same home with a case of tuberculosis? \_\_\_\_\_ Yes \_\_\_\_\_ No

Has the pupil had any operations? (kind, age): \_\_\_\_\_  
 \_\_\_\_\_

**Please look over this form and make sure you have completed all sections. Thank you.**