

OUR LADY OF PEACE SCHOOL
690 Mount Olivet Road - Wheeling, WV 26003
Phone 304-242-1383 - Fax 304-243-5410 - E-mail: 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/her 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 July 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: _____ Alumnus 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: _____ Alumna 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: _____ Alumnus 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 _____

Diseases:

	Yes	No
Chickenpox	_____	_____
Diabetes	_____	_____
Diphtheria	_____	_____
Epilepsy	_____	_____
Measles	_____	_____
9 day Rubeola	_____	_____
3 day Rubeola	_____	_____
Pneumonia	_____	_____
Polio	_____	_____
Rheumatic Fever	_____	_____
Scarlet Fever	_____	_____
Tonsillitis	_____	_____
Tuberculosis	_____	_____
Typhoid	_____	_____
Whooping Cough	_____	_____

Subject to:

	Yes	No
Allergies	_____	_____
Asthma	_____	_____
Earache	_____	_____
Frequent colds	_____	_____
Nausea	_____	_____
Nose bleeds	_____	_____
Skin rash	_____	_____

Allergic to: _____

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!