

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

PRE-SCHOOL ENROLLMENT FORM

I. EDUCATIONAL INFORMATION

Level: PK3 PK4
Session Preference: AM PM

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: _____

_____ Business phone: _____

Place of Business: _____ Business phone: _____
Position: _____ Alumni of Our Lady of Peace? Yes No

Mother's (Guardian's) Name: _____ SSN: _____
Address: (*omit if same as pupil*): _____ Home phone: _____
_____ Cell phone: _____

_____ Business phone: _____

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) 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 _____

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.