



23225 Lyons Avenue,  
 Santa Clarita, CA  
 661-259-1141 / Fax: 661-259-8254  
 www.olphsc.org

**APPLICATION FOR ADMISSIONS**

Applying for grade  K  1  2  3  4  5  6  7  8

Birth Date \_\_\_\_\_ Enrollment Year **2017-2018**

- Check List**
- A non-refundable APPLICATION/TESTING FEE of \$50 attached and payable to: **Our Lady of Perpetual Help School or O.L.P.H. School with the following forms:**
  - Return a **copy** of your child's Birth Certificate with the application
  - Return a **copy** of your child's Baptismal Certificate with the application
  - Return a **copy** of your child's First Communion Certificate with the application
  - Return a **copy** of your child's Proof of Immunization with the application
  - Return a **copy** of your child's most current report card with the application
  - Return a **copy** of your child's most current Standardized Test scores with the application

**Student Information**      **STUDENT'S NAME**

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

- Male                       Female
- Native American       Filipino               Asian                       Hispanic/Latino
- African American       Caucasian/Other                       Multi Racial

Catholic  Yes       No      Parish currently attending \_\_\_\_\_

If not Catholic, what religion is practiced? \_\_\_\_\_

Home Phone number \_\_\_\_\_  
**This number is used for Principal's phone blast unless another number provided**

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

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone / Mother \_\_\_\_\_ Cell Phone / Father \_\_\_\_\_

**May we use your phone number, cell numbers and e-mail listed above in the printed school directory?**   
**Yes       No**

**For office use only:**

APPLICANT: Last: \_\_\_\_\_ First: \_\_\_\_\_

GRADE APPLYING FOR \_\_\_\_\_ ENROLLMENT YEAR \_\_\_\_\_

Birth Cert.  Bap Cert.  1<sup>st</sup> Comm. Cert.  Immun. Cert.  Report Card.  Stand Test.

Appl./Testing Fee: \_\_\_\_\_ Paid \$ \_\_\_\_\_ Ck #: \_\_\_\_\_ Date Paid \_\_\_\_\_

Reg. Fee: \_\_\_\_\_ Paid \$ \_\_\_\_\_ Ck #: \_\_\_\_\_ Date Paid \_\_\_\_\_

Explain briefly what brought you to apply at Our Lady of Perpetual Help School:  
 \_\_\_\_\_  
 \_\_\_\_\_

**Current School**

School Applicant's Present School \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number (Include area code) \_\_\_\_\_ Fax Number (Include area code) \_\_\_\_\_

**Applicant Information**

Has your child experienced any disciplinary problems at any previous school? If yes, please explain \_\_\_\_\_

\_\_\_\_\_

Has your child been dismissed, suspended or asked to withdraw from any school? If yes, please explain \_\_\_\_\_

\_\_\_\_\_

Does your child's attendance record indicate an excess of tardies or absences? If yes, please explain \_\_\_\_\_

\_\_\_\_\_

Has your child been administered any diagnostic evaluations (educational or psychological) or have a current IEP? (If yes, please attach a copy)

\_\_\_\_\_

In relation to significant medical history are you aware of any accommodations that your child may need to facilitate a smooth transition if accepted to O.L.P.H. School? If so, please describe: \_\_\_\_\_

\_\_\_\_\_

**Recommendations**

How did you hear about O.L.P.H. School? \_\_\_\_\_

\_\_\_\_\_

Has a current school family referred you to O.L.P.H. School? \_\_\_\_\_

Name of referring family \_\_\_\_\_

**Parents Information**

**MOTHER/STEPMOTHER**

Ms.

Mrs.

Dr.

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Maiden \_\_\_\_\_

Occupation \_\_\_\_\_

Catholic  Yes  No If not Catholic, what religion is practiced? \_\_\_\_\_

**FATHER/STEPFATHER**

Mr.

Dr.

No Preference

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Occupation \_\_\_\_\_

Catholic  Yes  No If not Catholic, what religion is practiced? \_\_\_\_\_

Is applicant living with both parents?  Yes  No If Not, with whom? \_\_\_\_\_

Are parents  Married  Separated  Divorced  Other?

Who has legal custody? \_\_\_\_\_

**(Please provide legal documentation if necessary)**

Siblings	Sister's/Brother's Name	Age
	_____	
	_____	
	_____	

**Optional** What is the primary language spoken at home? \_\_\_\_\_

**Signature of parent or guardian**

I understand and acknowledge that O.L.P.H. School may deny admission at any time if determined that enrollment of the child would not be appropriate. I understand and acknowledge that O.L.P.H. School may terminate enrollment at any time if it determines that continued enrollment would be inconsistent with the mission of O.L.P.H. School.

\_\_\_\_\_  
Signature of parent/guardian Date of application

**Before submitting your application, please see the checklist at the top of page one.**

**O.L.P.H. School does not discriminate in its admissions practices on the basis of race, gender, national origin or disability**