

Our Lady Queen of Peace School

Today's Date _____

Family Name _____

Student Information

Student's Last Name _____ First Name _____

Address _____

City _____ State _____ Zip Code _____

Grade Level You Are Applying For _____

Previous School (Name of School, City, State and Country) _____

Date of Birth (Month, Day and Year) _____

Place of Birth (City, State, and Country) _____

Male or Female (Please Circle One)

Ethnicity _____

(White, Black, Hispanic, Asian, American Indian, Native Hawaiiin/Pacific Islander, Multi-Racial, Other)

Language(s) Spoken _____

Student's Religion _____

Date of Baptism _____ Where Baptized? (Church, City, State, and Country):

Date of First Communion _____ Where Student Received First Communion (Church, City, State, and Country):

Date of First Reconciliation _____ Where Student Received First Reconciliation (Church, City, State, and Country):

Are there any health problems, conditions or allergies that we should be made aware of? Are there any medications the child must take either at home or in school on a regular basis? _____ yes _____ no

If yes, please explain _____

Family Information

The student lives with _____
(Name(s)) (Relationship to Child)

Father of Child _____
(Last Name) (First Name) (Int.)

Highest Grade of School Completed _____

Date of Birth _____ Age _____ Religion _____

E-Mail Address _____

Ethnicity _____ Languages Spoken _____

Status (Please check all that apply)

Married ___ Widow/er ___ Divorced ___ Single ___ Engaged ___ Mr ___ Mrs ___ Ms ___

Home Address _____

City _____ State _____ Zip Code _____

Home Phone Number (Include Area Code) _____

Cell Phone Number (Include Area Code) _____

Employer _____ Position _____

Employer's Address _____ Employer Phone Number _____

City _____ State _____ Zip _____

Date of Baptism (Church, City, State, Country) _____

Date of First Communion (Church, City, State, Country) _____

Date of Confirmation (Church, City, State, Country) _____

Date of Marriage (Church, City, State, Country) _____

Mother of Child _____
(Last Name) (First Name) (Int.)

Highest Grade of School Completed _____ E-Mail Address _____

Date of Birth _____ Age _____ Religion _____

Ethnicity _____ Languages Spoken _____

Status (Please check all that apply)

Married ___ Widow/er ___ Divorced ___ Single ___ Engaged ___ Mr ___ Mrs ___ Ms ___

Home Address _____

City _____ State _____ Zip Code _____

Home Phone Number (Include Area Code) _____

Cell Phone Number (Include Area Code) _____

Employer _____ Position _____

Employer's Address _____ Employer Phone Number _____

City _____ State _____ Zip _____

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Date of Confirmation (Church, City, State, Country) _____

Date of Marriage (Church, City, State, Country) _____

Parent/Guardian: I/We agree to assume responsibility for tuition and suggested parish contributions (choice students exempt) and other expenses of this child while attending Our Lady Queen of Peace School. This agreement will be in effect for each semester the student is enrolled at OLQP School. I, also, understand that all new students enrolled in OLQP School are on probation for the first year that he/she is at OLQP

Signed _____ Date _____

Signed _____ Date _____

Sibling History

Last Name _____ First Name _____

Date of Birth _____ Age _____ Grade _____ School _____

(This next section complete only if student is not enrolled in O.L.Q.P. School)

Date of Baptism (Church, City, State, Country) _____

Date of First Communion (Church, City, State, Country) _____

Date of Confirmation (Church, City, State, Country) _____

Date of Marriage (Church, City, State, Country) _____

Last Name _____ First Name _____

Date of Birth _____ Age _____ Grade _____ School _____

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