

**OLLH Catholic School Registration**

2019-2020 School Year

**Student Information:**

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Grade: \_\_\_\_\_

DOB: \_\_\_\_\_

First Name: \_\_\_\_\_

Grade: \_\_\_\_\_

DOB: \_\_\_\_\_

First Name: \_\_\_\_\_

Grade: \_\_\_\_\_

DOB: \_\_\_\_\_

First Name: \_\_\_\_\_

Grade: \_\_\_\_\_

DOB: \_\_\_\_\_

**Parent or Guardian Information:**

Name(s): \_\_\_\_\_

Address (school information will be mailed here): \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Email Address (Required): \_\_\_\_\_

Cell Phone Number(s): \_\_\_\_\_

I authorize OLLH School to include my contact information in the school directory. Yes No (Please circle one.)

**Emergency Contact Information: (If parents/guardians cannot be reached)**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Medical Information:**

Doctor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Known Allergies: \_\_\_\_\_

Medical Problems: \_\_\_\_\_

Medications: \_\_\_\_\_

**Tuition Payment using FACTS Management (please circle one):**

Plan 1: Single Payment Plan

Plan 2: Two Payment Plan

Plan 3: Monthly Payment Plan

Parent Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Date: \_\_\_\_\_ Parish Name: \_\_\_\_\_