

OLLH Catholic School Registration

2022-2023 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: _____