

**OUR LADY OF PEACE SCHOOL  
PRESCHOOL STUDENT INFORMATION SHEET**

Date \_\_\_\_\_

OLOP PARISH ID# \_\_\_\_\_ OTHER HOME PARISH \_\_\_\_\_ OTHER RELIGION \_\_\_\_\_

*In order to receive 18-19 In Parish tuition rates you must be an active registered member of the parish on file by **May 1, 2018***

STUDENT'S NAME: \_\_\_\_\_ SEX: M \_\_\_\_\_ F \_\_\_\_\_  
LEGAL LAST NAME FIRST MIDDLE

**Entrance Date**  
\_\_\_\_\_

**Race** Asian Black White Unknown  
Native American Native Hawaiian/Pacific Islander  
Two or More Races

**Ethnicity** Hispanic or Latino  
Non-Hispanic or Latino

(Please Check Session)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> PreK3 Two Half Days (Tu,Th) | <input type="checkbox"/> PreK3 Five Half Days | <input type="checkbox"/> PreK3 Five Full Days |
| <input type="checkbox"/> PreK4 Three Half Days       | <input type="checkbox"/> PreK4 Five Half Days | <input type="checkbox"/> PreK4 Five Full Days |

BIRTH DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ BIRTH PLACE (City, State) \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

PREVIOUS PRE-SCHOOL OR GRAMMAR SCHOOL \_\_\_\_\_

PUBLIC GRAMMAR SCHOOL IN YOUR DISTRICT \_\_\_\_\_ DISTRICT # \_\_\_\_\_

**HOME SITUATION: (CIRCLE THE NUMBER THAT APPLIES)**

1. Living with both parents.	6. Parents divorced; living with mother alone, or mother and stepfather.
2. Parents separated; living with mother.	7. Parents divorced; living with father alone, or father and stepmother.
3. Parents separated; living with father.	8. Living with guardians who are relatives.
4. Father not living; living with mother alone, or mother and stepfather	9. Living with single mother/father
5. Mother not living; living with father alone, or father and stepmother	

**FATHER, STEPFATHER, GUARDIAN (CIRCLE ONE) INFORMATION:**

NAME \_\_\_\_\_ EMAIL \_\_\_\_\_  
LEGAL LAST NAME FIRST MIDDLE

HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
(IF DIFFERENT FROM STUDENT'S ADDRESS)

PLACE OF BIRTH \_\_\_\_\_ EDUCATION: 8 9 10 11 12 13 14 15 BA MA PHD MD \_\_\_\_\_  
(CIRCLE HIGHEST GRADE COMPLETED) other

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

EMPLOYER \_\_\_\_\_ ADDRESS \_\_\_\_\_

**MOTHER, STEPMOTHER, GUARDIAN (CIRCLE ONE) INFORMATION:**

NAME \_\_\_\_\_ EMAIL \_\_\_\_\_  
LEGAL LAST NAME FIRST MAIDEN NAME

HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
(IF DIFFERENT FROM STUDENT'S ADDRESS)

PLACE OF BIRTH \_\_\_\_\_ EDUCATION: 8 9 10 11 12 13 14 15 BA MA PHD MD \_\_\_\_\_  
(CIRCLE HIGHEST GRADE COMPLETED) other

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

EMPLOYER \_\_\_\_\_ ADDRESS \_\_\_\_\_

**Office Use Only** Date \_\_\_\_\_ Check Number \_\_\_\_\_ Amount \_\_\_\_\_ OLP BD \_\_\_\_\_ Parish ID \_\_\_\_\_

\*\*\*\*\* \$50.00 Registration Fee due upon registration \*\*\*\*\*