

REGISTRATION CARD

(Please print)

Student's Name: _____ Intro Grade: _____ Date of Birth _____

Address: _____ Home Telephone #:(_____) _____

Father _____
Name Nationality Religion S.S.N #

Occupation _____
Business Name& Address Telephone# Cell #

Mother _____
Maiden Name/First Name Nationality Religion S.S.N #

Occupation _____
Business Name& Address Telephone# Cell #

Re-Registration Fee: _____ (Amount Paid) _____ (Date) _____

****ONLY COMPLETE THIS SECTION IF NEW STUDENT ENTERING THE SCHOOL:**

Transferring from which School? _____

Health Record Received? Yes _____ No _____ Academic Records Received? Yes _____ No _____

Date entering OLHC School _____ Grade Entering _____

Registration Fee: Yes _____ Date Paid _____ No _____

Place of Birth _____ S.S.N # (student) ***-**-_____

STUDENT'S RELIGIOUS BACKGROUND

Church

Date

Student's Baptism: _____

Penance: _____

Confirmation: _____