

Received _____
Initial _____

Age _____

Our Lady of Guadalupe Catholic School

611 Dunlap
Mission, TX 78572-1047
Registration Form 2010-2011

Please print all information

Student's Name _____ M/F _____
(First) (Middle) (Last)

Address _____
(Street) (City) (State)

Mailing Address _____
(Street) (City) (State)

Zip Code _____ Telephone _____ Religion _____

Date of Birth _____ Place of Birth _____ Social Security # _____
(Month/day/year)

Medical Information

What physical problems should the school be aware of? _____

What precautions should the school take in regard to this condition? _____

Sacramental Records

	Baptism	1 st Communion
Date	_____	_____
Church	_____	_____
City & State	_____	_____

Emergency Information

ALTERNATE EMERGENCY NAME _____ Tel. _____

FAMILY DOCTOR NAME _____ Tel. _____

FAMILY DENTIST NAME _____ Tel. _____

PREFERRED HOSPITAL _____ Tel. _____

If you and the physician of your choice as indicated above, cannot be reached in an emergency and, if in the judgement of the school authorities, immediate medical and/or hospital attention is indicated, do you authorize the school authorities to send your child (properly accompanied) to an available hospital or physician?

YES _____ NO _____

As a parent and/or legal guardian, I authorize the treatment of my minor child/children by a qualified and licensed medical doctor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his/her life, cause physical disability or undue discomfort if delayed. This consent is granted only after a reasonable effort has been made to reach me.

SIGNATURE OF PARENT/LEGAL GUARDIAN

SIGNATURE OF PARENT/LEGAL GUARDIAN

Family Information (Please print all information.)

Father/Guardian _____ Religion _____
(First) (Middle) (Last)

Living _____ Deceased _____ Separated _____ Divorced _____ Remarried _____
Occupation _____ Educational Level _____
Father's Place of Employment _____ (City) _____

E/mail Address _____
Father's Business Phone _____ Soc. Sec. # _____
Father's Cell Phone _____

.....
Mother/Guardian _____ Religion _____
(First) (Middle) (Last) (Maiden Name)

Living _____ Deceased _____ Separated _____ Divorced _____ Remarried _____
Occupation _____ Educational Level _____
Mother's Place of Employment _____ (City) _____

E/mail Address _____
Mother's Business Phone _____ Soc. Sec. # _____
Mother's Cell Phone _____

.....
Child/Children live with: _____ Father _____ Mother _____ Both _____ Other _____
Does other parent have legal access? _____ Yes _____ No _____ N/A
Home Language _____
Parish in which family is registered _____ /Envelope # _____
(only OLG parishioners)

Student's Ethnic Background _____

.....
Does your child presently have an active **IEP** (Individualized Education Plan)? Yes _____ No _____
Has your child had any specialized test or evaluations? Yes _____ No _____

I understand that my obligations as a parent/guardian include attendance at parent meetings, parent-teacher conferences, participation in fund-raising and volunteer and cooperation with school rules and regulations.

Signature of Parent/Legal Guardian Date

For Office Use Only

Date of entry _____ Grade _____
School last attended _____
Address _____

- _____ Baptismal Certificate
- _____ Birth Certificate
- _____ Immunization Record
- _____ Directory Information
- _____ Report Card

After School Program
_____ Yes _____ No

Fees Paid:
Registration _____
Books/Material _____
Tuition _____
Other _____

Total Paid _____

Method: Check # _____
Cash _____

(Approval) (Date) Date _____