



# OUR LADY OF PERPETUAL HELP SCHOOL

575 Fowler Avenue Pelham Manor, New York 10803  
 (914) 738-5158 FAX (914) 738-8974 E-mail [W502@adnyeducation.org](mailto:W502@adnyeducation.org)

## APPLICATION for ENROLLMENT

|   |                           |
|---|---------------------------|
| Date of Application _____<br>Grade Applying For _____ | Birth Certificate # _____ |
|---|---------------------------|

### Child's Information

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

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Apt# \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Gender \_\_\_\_\_ Religion \_\_\_\_\_ Parish \_\_\_\_\_

| Sacrament                             | Date | Church | Location |
|---------------------------------------|------|--------|----------|
| <b>Baptism (certificate required)</b> |      |        |          |
| <b>Reconciliation</b>                 |      |        |          |
| <b>First Holy Communion</b>           |      |        |          |
| <b>Confirmation</b>                   |      |        |          |

Child resides with \_\_\_\_\_ Relationship \_\_\_\_\_

**Mother's Information** *Please circle* Single Married Separated Divorced Deceased

Name \_\_\_\_\_  
Last First Maiden

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Apt# \_\_\_\_\_ Zip \_\_\_\_\_ Religion \_\_\_\_\_

Occupation \_\_\_\_\_ Business Address \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_ Cell# \_\_\_\_\_

**Father's Information** *Please circle* Single Married Separated Divorced Deceased

Name \_\_\_\_\_  
Last First

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Apt# \_\_\_\_\_ Zip \_\_\_\_\_ Religion \_\_\_\_\_

Occupation \_\_\_\_\_ Business Address \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_ Cell# \_\_\_\_\_

Custody of Child (if applicable)

Guardianship of Child (if applicable)

Custodial Parent \_\_\_\_\_

Guardian Name : \_\_\_\_\_

Relationship      Father      Mother

Relationship: \_\_\_\_\_

Documentation \_\_\_\_\_

Documentation \_\_\_\_\_

Date Provided \_\_\_\_\_

Date Provided \_\_\_\_\_

| <u>Child's Education</u>   |                                |                                   |   |
|--|--------------------------------|-----------------------------------|---|
| <u>Previous schools attended</u>   |                                |                                   |   |
| <u>Name</u>  | <u>Address</u>                 | <u>Grades Completed</u>           | <u>Dates</u>                                    |
|  |                                |                                   |   |
|  |                                |                                   |   |
|  |                                |                                   |   |
|  |                                |                                   |   |
| <p><u>Child has been evaluated by the district Committee on Special Education .</u>      Yes      No <u>Child has been</u><br/> <u>evaluated by a private psychological or educational agency.</u>      Yes      No <u>If answer to either</u><br/> <u>or both statements above is YES, applicant must complete the following:</u></p>   |                                |                                   |   |
| <u>Type of Evaluation</u>  | <u>Date of Evaluation</u>      | <u>Name of Agency</u>             | <u>Contact Name and Phone</u>                   |
| <u>Educational</u>   |                                |                                   |   |
| <u>Psychological</u>   |                                |                                   |   |
| <u>Speech</u>  |                                |                                   |   |
| <u>Other</u> _____   |                                |                                   |   |
| <p><u>If child has been seen by the public district Committee on Special Education , applicant must complete the following:</u></p> <p>1. <u>Was an IEP ever generated?</u>      Yes      No      <u>Copy Submitted</u> _____      <u>Date</u> _____</p> <p>2. <u>Child has a Section 504 Accommodation Plan.</u>      Yes      No      <u>Copy Submitted</u> _____      <u>Date</u> _____</p> |                                |                                   |   |
| <u>District Name and #</u>   | <u>Date of most recent IEP</u> | <u>Date of Last Psychological</u> | <u>Classification and Recommended Placement</u> |
|  |                                |                                   |   |
|  |                                |                                   |   |

I affirm that that the above information is true to the best of my knowledge. I understand that failure to provide the required documentation stops the application process. Furthermore, should my child be accepted/admitted under false, incomplete or negligent information, my child will be dismissed from the school. I also agree that should my child be accepted/admitted, my child and I will be bound by the terms and conditions of the school's parent/student handbook including those provisions referencing inoculations. Final acceptance is also dependent on all fees being paid in full to previous school. Acceptance notices will be mailed.

**Signature of Parent (Guardian):** \_\_\_\_\_ **Date:** \_\_\_\_\_