



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

EMERGENCY AND PERSONAL INFORMATION FORM (2018-2019) PLEASE PRINT AND RETURN TO SCHOOL ON THE FIRST DAY

Student's Name _____ Grade _____
First Middle Initial Last

Please address mail to: Mr. and Mrs. _____
(choose one) Mr. _____
Ms. _____

Home Address _____
Number Street Apt#

City State Zip+4

Home Phone _____ Date of Birth _____ Gender: Male Female

Student resides with: Both parents _____; Mother _____; Father _____; Other _____

If Catholic: Parish _____ If OLP Parishioner envelope # _____

Mother: Name used at work _____
Work Phone and Ext. _____
Cell Phone number _____
E-mail _____

Father: Name used at work _____
Work Phone and Ext. _____
Cell Phone number _____
E-mail _____

Emergency contact person (other than parent)

Name _____
Phone (Home) _____ (Work) _____ (Cell) _____
Relationship to child _____

***IF THERE IS ANY CHANGE IN ANY OF THIS INFORMATION PLEASE INFORM THE MAIN OFFICE IMMEDIATELY. THANK YOU.**

Parent Signature _____ Date _____