

Page 2

Name of Current School or Pre School _____ **Current Grade** _____
Address _____ **Phone #** _____

Additional Information: If there are any learning disabilities, and / or special education needs, please describe: _____

If there are any medical problems, please describe: _____

If there are any discipline problems, please describe: _____

Email address: _____

Parent Signature: _____ **Date:** _____

Note:

All transfer students are required to have a letter of recommendation from their current School.

Did you or anyone in your family attend O.L.P.H. School or Notre Dame High School?

Name _____ **School** _____ **Year of Graduation** _____

How did you hear about Our Lady of Perpetual Help School? _____

