

# ***Our Lady of Perpetual Help School***

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## STUDENT PROFILE

Child's name \_\_\_\_\_ Date \_\_\_\_\_  
Applying for Grade \_\_\_\_\_ Social Security Number \_\_\_\_\_

In order to serve the individual needs of each child properly, the school staff must be kept informed of any and all conditions of each student that requires special attention. Please answer the questions below. ***Explain all yes answers.***

***Does your child have any medical concerns such as:***

Asthma	_____	Visual limitations	_____
Auditory limitations	_____	Motor limitations	_____
Food allergies	_____	Other allergies	_____
Illnesses	_____		
Explain	_____		
	_____		
	_____		

***Will your child require prescription medication to be dispensed by school personnel? \_\_\_\_\_***  
***Please list type and dose.***

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***Has your child ever received any special services such as:***

Remedial and/or Resource Room	_____	Speech Therapy	_____
Physical Therapy	_____	Other Therapy	_____
Explain	_____		
	_____		
	_____		

***Has your child ever been retained? \_\_\_\_\_***

If yes, retained in grade \_\_\_\_\_ School \_\_\_\_\_

***Has your child ever attended another Catholic School? \_\_\_\_\_***

If yes, which school \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

***Has it ever been suggested that your child be evaluated for:***

Academic needs \_\_\_\_\_  
Social/Psychological needs \_\_\_\_\_  
Did this testing take place? \_\_\_\_\_  
Where? \_\_\_\_\_

***\*Please provide a copy of the evaluation***

*Current school attended* \_\_\_\_\_ *Phone number* \_\_\_\_\_

*Principal's name* \_\_\_\_\_

*Teacher or Guidance Counselor's name* \_\_\_\_\_

*Your reason for leaving present school* \_\_\_\_\_

*Who will be responsible for the payment of tuition?* \_\_\_\_\_

*Do you foresee any difficulties in paying tuition and all other financial obligations on time?* \_\_\_\_\_

*Do you have any special interests or talents that may benefit the school?* \_\_\_\_\_

*Is there anything you would like us to know about your child that we did not ask?* \_\_\_\_\_

*How did you learn about Our Lady of Perpetual Help School?* \_\_\_\_\_

*What are your expectations regarding your child's education?* \_\_\_\_\_

*If your child is not accepted here at Our Lady of Perpetual Help School what other options have you considered?* \_\_\_\_\_

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**EMERGENCY CONTACT IN THE EVENT THAT NEITHER PARENT CAN BE REACHED**

**NAME** \_\_\_\_\_ **RELATIONSHIP** \_\_\_\_\_

**TELEPHONE** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Print Name** \_\_\_\_\_