

**Our Lady of the Holy Rosary School
Registration Form**

Registration Fee _____
Date Paid _____

7802 Vineland Ave. Sun Valley, CA
(818) 765-4897 Fax (818) 765 -5791

Entering grade _____

Parish where the family lives _____

Pupil Information

(Name) (City)

Last Name:	First Name	Middle	Sex	Birthdate	Birthplace
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Family Information

Father's First Name	Middle	Last	Birthplace	Religion	Occupation	Marital Status	Deceased
Mother's First Name	Maiden	Last	Birthplace	Religion	Occupation	Marital Status	Deceased
Guardian's First Name	Middle	Last	Birthplace	Religion	Occupation	Marital Status	Deceased

Residence Information

Daytime work phone# _____

Address	City	Zip	Telephone # Cell #
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School Information (previously attended)

School Name	Address	City	Zip	Telephone #
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Sacramental Information

Baptism Date	Church	City	State
First Communion Date	Church	City	State
Confirmation Date	Church	City	State

Parent/Guardian Signature

Please Indicate: Registered in O.L.H.R.Parish?

Yes _____ No _____ Envelope # _____