



*Our Lady of Perpetual Help  
Mission Grammar School  
Unity in Diversity, Excellence in Education, Since 1889*

94 Saint Alphonsus Street Roxbury, MA 02120  
617-442-2660 Fax: 617-442-3775  
www.missiongrammar.org

## **Admission Application 2010-2011**

*\*Please print clearly*

Application for (please circle one) K1 K2 1 2 3 4 5 6 7 8 Today's Date: \_\_\_\_\_

### **Student Information**

Name \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_  
(last) (first) (middle)

Address \_\_\_\_\_  
(street) (city) (zip code)

Home Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

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

Religion \_\_\_\_\_ Parish / Church / Temple \_\_\_\_\_

Date of Baptism (if Catholic) \_\_\_\_\_ Church/ City \_\_\_\_\_

Date of Communion (if Catholic) \_\_\_\_\_ Church/City \_\_\_\_\_

Ethnicity (please circle one) American Indian / Native Alaskan Asian Black(African American)

Haitian Hispanic Native Hawaiian/Pacific Islander White Multi Racial

Has your child ever had an Individual Educational Plan (IEP) \*Yes \_\_\_\_\_ No \_\_\_\_\_

\*(please provide a copy with application)

Has your child ever been diagnosed with a learning disability? \* Yes \_\_\_\_\_ No \_\_\_\_\_

\* If yes, please explain: \_\_\_\_\_

With whom does the child live? \_\_\_\_\_

Language(s) spoken at home: \_\_\_\_\_

### **Family Information**

Mother or legal guardian's Name \_\_\_\_\_ Birthplace \_\_\_\_\_

Address \_\_\_\_\_ Email Address \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Religion \_\_\_\_\_ Occupation \_\_\_\_\_

Father or legal guardian's Name \_\_\_\_\_ Birthplace \_\_\_\_\_

Address \_\_\_\_\_ Email Address \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Religion \_\_\_\_\_ Occupation \_\_\_\_\_

Family Members attending (or have graduated from) OLPH Mission Grammar School

Name \_\_\_\_\_ Grade/ Year of Graduation \_\_\_\_\_

Name \_\_\_\_\_ Grade/ Year of Graduation \_\_\_\_\_

Will your child be using Boston School Bus Transportation, if eligibility requirements are met? Yes \_\_\_\_\_ No \_\_\_\_\_

Will you be interested in after school? Yes \_\_\_\_\_ No \_\_\_\_\_

**Documents Needed:**

Birth Certificate: \_\_\_\_\_

Baptismal Certificate: \_\_\_\_\_

Academic Record: \_\_\_\_\_

Immunization Record: \_\_\_\_\_

Interview with Principal: \_\_\_\_\_

Will you be applying for financial aid? Yes \_\_\_\_\_ No \_\_\_\_\_

Name of person responsible for tuition payment \_\_\_\_\_

I certify that this information is accurate.

\_\_\_\_\_  
*Parent / Guardian Signature*

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