



Name of student: _____ Date of birth: _____

Last school attended: _____ Grade: _____

Address of last school attended: _____

_____ has enrolled in Our Lady of Perpetual Help School effective _____.

I hereby give permission for the release of all my child's records
(specifically those listed below) to the above named school.

Parent/Guardian _____ Date: _____

Please forward education, health, disciplinary and confidential records to:

OUR LADY OF PERPETUAL HELP SCHOOL

4801 ILCHESTER ROAD

ELLCOTT CITY, MD 21043

Telephone number **(410) 744-4251.** Thank you for your cooperation.