



**QUEEN OF PEACE**  
Catholic School

Check # \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Applying for Grade \_\_\_\_\_ Received by: \_\_\_\_\_

Date Application filed: \_\_\_\_/\_\_\_\_/\_\_\_\_

**☎ 503-362-3443 FAX 503-589-9411**

**email: school@qpsalem.org**

**Mailing Address: P O Box 3696**

**4227 LONE OAK ROAD SE**

**SALEM, OR 97302**

## I. NEW STUDENT ENROLLMENT APPLICATION

Student: \_\_\_\_\_  
Last First Middle

Does this student have any other last name that might appear on school records?

\_\_\_Yes \_\_\_No If yes, please indicate that name \_\_\_\_\_

Age \_\_\_\_\_ Birth date \_\_\_\_\_ Place of Birth \_\_\_\_\_

Applying for grade \_\_\_\_\_ School Year \_\_\_\_\_ Present School \_\_\_\_\_

Public school student would attend: \_\_\_\_\_

Does the applicant have a sibling/s currently enrolled? \_\_\_\_\_ If so what grade/s? \_\_\_\_\_

Home address: \_\_\_\_\_

Home telephone ( ) \_\_\_\_\_ City State Zip

**Briefly explain the main reasons you wish to have your child/ren enrolled at Queen of Peace School .**

**SPECIAL NEEDS OF STUDENT**

Is there anything we should know about your child’s physical health, especially allergies? \_\_\_Yes \_\_\_No If yes, please describe: \_\_\_\_\_

Is there anything we should know about your child’s psychological health or learning styles? \_\_\_Yes \_\_\_No If yes, please describe: \_\_\_\_\_

Is your child presently or often on medications \_\_\_Yes \_\_\_No If yes, please list the medication(s): \_\_\_\_\_

**CULTURAL HERITAGE OF STUDENT:** *please check all that apply*

\_\_\_African American \_\_\_American Indian /Alaska Native \_\_\_Asian \_\_\_Hispanic  
\_\_\_Pacific Islander \_\_\_White \_\_\_Other (Please Specify)\_\_\_\_\_

U.S. Citizen? Yes \_\_\_\_\_ No \_\_\_\_\_

**RELIGIOUS INFORMATION OF STUDENT**

Religion \_\_\_\_\_ Baptism date: \_\_\_\_\_ Church \_\_\_\_\_

*If Catholic, please include a copy of Baptismal certificate with this application.*

First Eucharist date: \_\_\_\_\_ Church \_\_\_\_\_

First Reconciliation date: \_\_\_\_\_ Church \_\_\_\_\_

**MEDICAL AND EMERGENCY INFORMATION OF STUDENT**

\_\_\_Yes \_\_\_No In a case of an accident or illness, *when neither parent can be reached*, do you authorize Queen of Peace School to act if medical services seem necessary?

Persons to be contacted in case of emergency (other than parents)

Name \_\_\_\_\_ Phone: \_\_\_\_\_ cell: \_\_\_\_\_

Name \_\_\_\_\_ Phone: \_\_\_\_\_ cell: \_\_\_\_\_

Name \_\_\_\_\_ Phone: \_\_\_\_\_ cell: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

**OTHER INFORMATION PERTAINING TO THE STUDENT**

Method of transportation to and from school for my child \_\_\_\_\_

Persons authorized to pick up my child/ren (other than parents):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ cell: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ cell: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ cell: \_\_\_\_\_

**II. PARENT / GUARDIAN INFORMATION**

Parents are (Check one that applies) \_\_\_\_\_ residing together \_\_\_\_\_ living separately \_\_\_\_\_ single parent

Student resides with: (circle) Both Parents Father Mother Grandparents Other: \_\_\_\_\_

**Father, Stepfather or Guardian** (circle one)

**Mother, Stepmother or Guardian** (circle one)

Mr., Dr., Rev. \_\_\_\_\_ Name \_\_\_\_\_

Mrs., Ms., Dr., Rev. \_\_\_\_\_ Name \_\_\_\_\_

Home address \_\_\_\_\_

Home address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Unlisted home phone number? \_\_\_Yes \_\_\_No

Unlisted home phone number? \_\_\_Yes \_\_\_No

May we publish the number in our school directory?  
\_\_\_Yes \_\_\_No

May we publish the number in our school directory?  
\_\_\_Yes \_\_\_No

E-mail address \_\_\_\_\_

E-mail address \_\_\_\_\_

May we publish this address in our school directory?Y\_\_N\_\_

May we publish this address in our school directory?Y\_\_N\_\_

Cell #: \_\_\_\_\_ Business# \_\_\_\_\_

Cell #: \_\_\_\_\_ Business # \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Religion \_\_\_\_\_

Religion \_\_\_\_\_

Member of \_\_\_\_\_ Church

Member of \_\_\_\_\_ Church

Did you attend Queen of Peace School \_\_\_Yes \_\_\_No

Did you attend Queen of Peace School \_\_\_Yes \_\_\_No

If so, during which years? \_\_\_\_\_ - \_\_\_\_\_

If so, during which years? \_\_\_\_\_ - \_\_\_\_\_

**Please continue with Section III of this application** ⇔ ⇔

### III. Automobile Insurance Information

I/We do not intend to drive for field trips and are choosing not to provide this information.

1. DRIVER #1:  Volunteer of Queen of Peace School

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Date of Expiration \_\_\_\_\_

Any restrictions \_\_\_\_ Yes \_\_\_\_ No Please explain: \_\_\_\_\_

. DRIVER #2:  Volunteer of Queen of Peace School

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Date of Expiration \_\_\_\_\_

Any restrictions \_\_\_\_ Yes \_\_\_\_ No Please explain: \_\_\_\_\_

2. VEHICLE #1 THAT WILL BE USED:

Name of Owner: \_\_\_\_\_

Address of Owner \_\_\_\_\_

Make and Model of Vehicle \_\_\_\_\_ Year of Vehicle \_\_\_\_\_

License Plate # \_\_\_\_\_ # of seat belts available \_\_\_\_\_

VEHICLE #2 THAT WILL BE USED:

Name of Owner: \_\_\_\_\_

Address of Owner \_\_\_\_\_

Make and Model of Vehicle \_\_\_\_\_ Year of Vehicle \_\_\_\_\_

License Plate # \_\_\_\_\_ # of seat belts available \_\_\_\_\_

3. INSURANCE INFORMATION:

When volunteers are using their privately owned vehicle(s), the vehicle's insurance coverage will always be considered primary. Please attach a copy of the declaration page of your policy *or* complete the following information:

Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_ Date of Policy Expiration: \_\_\_\_\_

Liability limits of policy: \_\_\_\_\_ *Please note: the Archdiocese requires that drivers maintain the State of Oregon minimum automobile limits of \$25,000 / \$50,000 / \$10,000*

4. CERTIFICATION

I certify that the information given on this form is true and correct to the best of my knowledge. I understand that as an employee or volunteer driver, I must be 21 years of age or older, possess a valid driver's license, have the proper and current license and vehicle registration and have the require insurance coverage in effect on any vehicle used on behalf of the Queen of Peace School and the Archdiocese of Portland.

\_\_\_\_\_  
Parent Signature date

\_\_\_\_\_  
Parent Signature date