



QUEEN OF PEACE Catholic School

Applying for Grade _____ Received by: _____

Date Application filed: ___/___/___

Check # and date: # _____/___/___

☎ 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. RETURNING STUDENT ENROLLMENT APPLICATION

1. Student: _____ Grade this coming year: _____
Last First

Age ___ Birth date _____ Home telephone () _____ Public School child would attend _____

Home address: _____
City State Zip

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):

Please update Sacramental information:

First Reconciliation date: _____ Church _____

First Eucharist date: _____ Church _____

Are other siblings applying this year as a NEW student?

Please complete a more extensive ENROLLMENT APPLICATION that is available through the office.

Additional RETURNING students information:

2. Student: _____ Grade this coming year: _____
Last First

Age ___ Birth date _____ Public School child would attend _____

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):

Please update Sacramental information: First Reconciliation date: _____ First Eucharist date: _____
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3. Student: _____ Grade this coming year: _____
Last First

Age ___ Birth date _____ Public School your child would attend _____

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): _____

Please update Sacramental information: First Reconciliation date: _____ First Eucharist date: _____

FAMILY MEDICAL AND EMERGENCY INFORMATION:

___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: _____

Family Doctor: _____ Phone: _____

Family Dentist: _____ Phone: _____

Method of transportation to and from school for my child/ren _____

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

Name: _____ Phone: _____ cell: _____

Name: _____ Phone: _____ cell: _____

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