

FOR NEW STUDENTS ONLY

RELIGIOUS EDUCATION REGISTRATION

STUDENT NAME: _____

PARENT/GUARDIAN: _____

ADDRESS: _____

PHONE: _____ CELL: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

FATHER'S NAME: _____

MOTHER'S NAME (MAIDEN): _____

MARRIED: YES NO

BLESSED BY A PRIEST? YES NO

BLESSING DESIRED: YES NO

FOR OFFICE USE ONLY: PLEASE DO NOT WRITE IN THESE BOXES					
K3	K4	K5	1	2	3
4	5	6	7	8	

CITY: _____ ZIP: _____

EMAIL: _____

SACRAMENTAL INFORMATION			
SACRAMENT	DATE	CHURCH	CITY
BAPTISM			
FIRST CONFESSION			
FIRST COMMUNION			
CONFIRMATION			

Revised 3/2012

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THIS SIDE IS FOR OFFICE USE ONLY!

GRADE	YEAR	TEACHER	ATTENDANCE	ABSENCE	COMMENTS
K3					
K4					
K5					
1					
2					
3					
4					
5					
6					
7					
8					