

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					