

STUDENT REGISTRATION FORM

Today's Date _____

Family Information:

Parents/Guardian Name: _____

Home Address: _____

Home Phone: _____

E-mail: _____

Student Information:

Student #1

Name: _____

Date of Birth: _____ Current Grade: _____

Sacraments Received: Baptism First Communion

Student #2

Name: _____

Date of Birth: _____ Current Grade: _____

Sacraments Received: Baptism First Communion

Student #3

Name: _____

Date of Birth: _____ Current Grade: _____

Sacraments Received: Baptism First Communion

Student #4

Name: _____

Date of Birth: _____ Current Grade: _____

Sacraments Received: Baptism First Communion

Student #5

Name: _____

Date of Birth: _____ Current Grade: _____

Sacraments Received: Baptism First Communion