

St. Mary's Church Parish School of Religion

STUDENT REGISTRATION FORM

Today's Date: _____

Family Information:

Parent's Names: _____

Home Address: _____

Home Phone: _____

E-mail: _____

Student Information:

Student #1

Name: _____

Date of Birth: _____ Current Grade: _____

Sacraments Received (please circle): Baptism Reconciliation Eucharist

Student #2

Name: _____

Date of Birth: _____ Current Grade: _____

Sacraments Received (please circle): Baptism Reconciliation Eucharist

Student #3

Name: _____

Date of Birth: _____ Current Grade: _____

Sacraments Received (please circle): Baptism Reconciliation Eucharist

Student #4

Name: _____

Date of Birth: _____ Current Grade: _____

Sacraments Received (please circle): Baptism Reconciliation Eucharist