STUDENT INFORMATION FORM
ST. MARY PARISH RELIGIOUS EDUCATION

New Registration for Grade: K 1 2 3 4 5 6 7 8 9 10 (Please Circle One) In Fall _____ (Year)

STUDENT NAME: _____ Date of Birth_____
(AS IT APPEARS ON BIRTH CERTIFICATE)

ADDRESS: _____ HOME PHONE: _____

TOWN: _____ ZIP CODE: _____ EMERGENCY PH: _____

MAILING ADDRESS: PERSON TO WHOM MAIL SHOULD BE ADDRESSED: _____

STUDENT'S SCHOOL: _____ MOTHER'S MAIDEN NAME: _____

FATHER'S NAME: _____ RELIGION: R.C. _____ OTHER: _____

MOTHER'S NAME: _____ RELIGION: R.C. _____ OTHER: _____

PLEASE LIST ANY HEALTH OR LEARNING SITUATIONS WHICH MIGHT AFFECT THIS STUDENT:

_____

_____

RELIGIOUS EDUCATION GRADES ATTENDED: (CIRCLE ALL THAT APPLY): K 1 2 3 4 5 6 7 8 9

WHERE? _____

STUDENT HAS RECEIVED THE SACRAMERNT OF BAPTISM ? YES OR NO (PLEASE CIRCLE ONE)

WHERE? _____ DATE: _____
NAME OF CHURCH, CITY OR TOWN, STATE

STUDENT HAS RECEIVED THE SACRAMENT OF RECONCILIATION? YES OR NO (PLEASE CIRCLE ONE)

STUDENT HAS RECEIVED THE SACRAMENT OF FIRST EUCAHRIST? YES OR NO (PLEASE CIRCLE ONE)

WHERE? _____ DATE: _____
NAME OF CHURCH, CITY OR TOWN, STATE

CERTIFICATE OF BAPTISM AND FIRST EUCHARIST NEEDED FOR ALL CHILDREN IF NOT AT ST. MARY'S

CHECK IF STUDENT ATTENDS PAROCHIAL SCHOOL [ ] NAME OF SCHOOL: _____

IS YOUR FAMILY REGISTERED AS MEMBERS OF ST. MARY'S PARISH? YES OR NO (PLEASE CIRCLE ONE)

LIST NAMES AND GRADES OF OTHER SCHOOL AGE FAMILY MEMBERS UP TO GRADE 10:

NAME	GRADE	ATTENDS CCD? YES/NO
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____