

RELIGIOUS EDUCATION REGISTRATION

STUDENT NAME _____

PARENT/GUARDIAN _____

ADDRESS _____

CITY & ZIP _____

TELE. # _____ CELL # _____

Grade

/

Year

EMAIL _____

K3	K4	K5	1	2	3
4	5	6	7	8	

DATE OF BIRTH _____ PLACE OF BIRTH _____

FATHER'S NAME _____ RELIGION _____

MOTHER'S NAME (MAIDEN) _____ RELIGION _____

MARRIED YES NO BLESSED BY a PRIEST? YES NO BLESSING DESIRED YES NO

	DATE	CHURCH	CITY
BAPTISM			
FIRST CONFESSION			
FIRST COMMUNION			
CONFIRMATION			

Rev. 2/14/11

GRADE	YEAR	TEACHER	Attendance	Absence	COMMENTS
Pre-K3					
Pre-K4					
Pre-K5					
1 st					
2 nd					
3 rd					
4 th					
5 th					
6 th					
7 th					
8 th					