STUDENT REGISTRATION FORM LAST NAME: ST. John the Baptist PARISH SCHOOL OF RELIGION (PSR)

Father's Name	First Name	Middle Name	l as	st Name	_
	i iist ivamo	Middle Hame	Lac	ot Hame	
Mother's Name			(A		_
	First	Middle	(Maiden Name)	Last Name	
Custodial Parent(s) A	ddress:				_
Ci	ty:		Zip:		
Father's Cell:					Please x preferred contact
E-mail Contact: Father's E-mail:					Please x
Mother's E-mail:					preferred contact
Religion: Father:			Mother:		
Child lives with: (Please circle)	Mother and Father	Mother	Father	Grandparent	
	Father & Stepmother	Mother & Step	father Other:		

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STUDENT INFORMA	TION , ONE PE	R CHILD					
Student's Name							
Student's Name	First Name	Middle Name	Last Name	_			
Address		City:	Zip:	_			
Birth date:		Gender: M F					
Grade School Attendi	ng:	Grade Enterin	9				
Has your child attende	ed religious educa	ation classes before? Y N Las	t year? Y N				
Where: Parish:		City:	State:				
SACRAMENTAL INF	ORMATION						
Sacraments		If YES, Church Name	City, State				
Baptism	Yes No						
First Eucharist Confirmation	Yes No Yes No						
STUDENT INFORMA							
Student's Name	First Name	Middle Name	Last Name	_			
Address		City:	Zip:	_			
Birth date:		Gender: M F					
Grade School Attending: Grade Entering							
Has your child attende	ed religious educa	ation classes before? Y N Las	t year? Y N				
Where: Parish:		City:	State:				
SACRAMENTAL INF	ORMATION						
Sacraments Baptism First Eucharist	Yes No	If YES, Church Name	City, State				
First Euchanst	Yes No						

(Please make copies if more than 2 children)

Confirmation

Yes

No