



Student Registration Form

Date of Registration:

MM / DD / YYYY

Parish ID:

CF Code: School Grade: Day & Rm Assigned:

About the Student:

Name: First Middle Last

Address: Street

City State Zip

Home Phone: () Date of Birth: MM / DD / YYYY

Baptism Date of Baptism: MM / DD / YYYY

Name of the Church:

Address: Street, City, State, ZIP

First Communion Date of First Communion: MM / DD / YYYY

Name of the Church:

Address: Street, City, State, ZIP

About the Parents:

Father

Name: First Middle Last

Address: If different from child's address

Phone: ()

Email:

Mother

Name: First Middle Last

Address: If different from child's address

Phone: ()

Email:

Student's Special Needs

Provide a brief summary of any special needs(physical limitations, behavioral, medical, etc...) that we should be aware of as we work with our child.

Please note: If you child needs to have medication administered during class time, it must be administered by a parent or medical professional.

Office use only:

Catechist Assigned: Processed by:

On File: Birth Certificate Baptism Certificate First Communion Certificate