St. Agnes Parish
School of Religion and Sacramental Preparation Class
Registration Form

Student Information (One Form for each student) Date _____

Student's Name: _____
(Please Print) First Middle Last

Date of Birth _____ Current Age_____ Place of Birth _____
Month Day Year City, State

Male - Female (circle one) Student lives with: both parents mother father other: _____
(circle one)

Student's home Address: _____
Street City State Zip

Student's home telephone number: _____

School now attending: _____ Grade: _____

What is the last grade completed for religious education? _____ Church Parish _____

What Church does your family attend on a regular basis? _____

Is your family registered parishioners of St. Agnes Parish? Yes No

Sacraments

Has student received:			Date	Church	City/State
Baptism? (a copy of Baptismal certificate is needed)	Yes	No			
1st Communion?	Yes	No			
Confirmation?	Yes	No	__/__/__		

Does student have any health or other conditions we need to be aware of? Yes No
If yes, please explain: _____

_____

_____

Father/Stepfather: _____
(circle one) First Middle Last

Mother /Stepmother: _____
(circle one) First Maiden Last

Address: _____
Street City Zip

Father/Guardian's Religion: _____ Mother/Guardian's Religion: _____

Home Phone: _____ Cell Phone: _____

Emergency contact: _____ Phone: _____
Print Name/relationship to student

E-Mail Address:

**For office use only **Amount of Registration Fee _____ Paid Cash/Initials _____ Paid Check/ #_____