

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: _____

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	_____	_____	_____
1 st 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 Middle 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

Email Address: _____

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