

Registration Form - 2015/16

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/ # _____