

Office Use Only:

Check # _____ Cash _____

RETURNING STUDENT 2017 – 2018 REGISTRATION FORM

St. Genevieve Parish School of Religion

TODAY'S DATE: _____

PARENT/GUARDIAN: _____

STREET ADDRESS: _____

CITY/STATE/ZIP: _____

HOME PHONE: _____ CELL _____ WORK _____

_____ CHECK HERE IF INFO IS CHANGED FROM PREVIOUS YEAR:

EMERGENCY CONTACT

NAME: _____

RELATIONSHIP: _____

PHONE _____

ALL OF THE INFORMATION MUST BE COMPLETED FOR PROPER CHURCH RECORD KEEPING

STUDENT #1

RETURNING STUDENT NAME: _____

AGE: _____ SCHOOL GRADE 2017 – 2018 _____ PSR GRADE _____

SCHOOL ATTENDING 2017 – 2018: _____

HEALTH PROBLEMS: _____

MEDICATIONS _____

STUDENT #2

RETURNING STUDENT NAME: _____

AGE: _____ SCHOOL GRADE 2017 – 2018 _____ PSR GRADE: _____

SCHOOL ATTENDING 2017 – 2018: _____

HEALTH PROBLEMS: _____

MEDICATIONS: _____

STUDENT #3

RETURNING STUDENT NAME: _____

AGE: _____ SCHOOL GRADE 2017 – 2018 _____ PSR GRADE: _____

SCHOOL ATTENDING 2017 – 2018 _____

HEALTH PROBLEMS: _____

MEDICATIONS: _____

*****PLEASE NOTE:**

CHECKS SHOULD BE MADE PAYABLE TO: ST. GENEVIEVE PSR

- FEES:**
- ONE CHILD - \$45.00**
 - TWO CHILDREN - \$60.00**
 - THREE OR MORE - \$75.00*****

