

Office Use Only:
Check # _____

NEW STUDENT 2017 – 2018 REGISTRATION FORM

St. Genevieve Parish School of Religion

TODAY'S DATE: _____

PARENT/GUARDIAN NAME: _____

STREET ADDRESS: _____

CITY/STATE/ZIP _____

HOME PHONE: _____ CELL: _____

TO WHICH CHURCH PARISH DO YOU BELONG:

_____ ST. GENEVIEVE

_____ OTHER (SPECIFY CHURCH PARISH)

PARENT/GUARDIAN INFORMATION:

RELATIONSHIP TO CHILD:

FATHER/STEPFATHER/GUARDIAN

NAME: _____

WORK PHONE: _____

RELIGION: _____

MARITAL STATUS: _____

RELATIONSHIP TO CHILD:

MOTHER/STEPMOTHER/GUARDIAN

NAME: _____

WORK PHONE: _____

RELIGION: _____

MARITAL STATUS: _____

PLEASE NOTE:

FEES: ONE CHILD - \$45.00

TWO CHILDREN - \$60.00

THREE OR MORE - \$75.00

CHECKS SHOULD BE MADE PAYABLE TO: ST. GENEVIEVE PSR

NEW STUDENT INFORMATION

STUDENT NAME: _____ GENDER: MALE/FEMALE (CIRCLE)

NICKNAME: _____

DATE OF BIRTH: _____

CITY/STATE OF BIRTH: _____

AGE: _____ SCHOOL GRADE 2017 – 2018: _____

SCHOOL ATTENDING 2017 – 2018: _____

ATTENDED ST. GENEVIEVE PSR BEFORE: ___ YES ___ NO IF YES, WHEN?

ATTENDED PSR ELSEWHERE: ___ YES ___ NO IF YES, WHERE AND WHEN (LAST YEAR ATTENDED)

ATTENDED CATHOLIC SCHOOL: ___ YES ___ NO IF YES, WHERE AND WHEN:

SACRAMENT INFORMATION

*** ALL NEW STUDENTS PLEASE ATTACH COPY OF BAPTISMAL CERTIFICATE WITH REGISTRATION FORM***

BAPTIZED: ___ YES ___ NO DATE OF BAPTISM: _____

CHURCH OF BAPTISM: _____

CITY/STATE OF BAPTISM: _____

RECONCILIATION: ___ YES ___ NO CHURCH & DATE: _____

1ST COMMUNION: ___ YES ___ NO CHURCH & DATE: _____

GENERAL INFORMATION

HEALTH PROBLEMS/CONDITION: _____

MEDICATIONS: _____

EMERGENCY CONTACT

NAME _____ PHONE _____

