# Registration Form

Students Name _____
Last First Middle

Address _____
Street (P.O. Box) City Home Phone #

Father's Name _____
Last First Middle

Father's _____
Religion Occupation Work # Cell#

Mother's Name _____
Last First Middle Maiden Name

Mother's _____
Religion Occupation Work# Cell#

Email: _____
Can we send mailing to this email address? ___Yes No___

## Sacraments (New Students)

Baptism

Birthday: _____
Place: _____
Baptism Date: _____
Church: _____
Place: _____

Eucharist

Date: _____
Church: _____
Place: _____

Penance: _____
(simply check)

Grade Promoted to: _____
School Students attends: _____