

St. Mary's PSR Registration Form

Date: _____

Student's Legal Name: _____ Age: _____ D.O.B. _____

Home Address: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Date of Baptism: _____ Church of Baptism: _____

Address of Church: _____

Sacraments Received: Baptism Penance Holy Communion Confirmation

School Student is presently attending: _____ Phone: _____

Parent's Living Together Yes No Legal Parent/Guardian: _____

Father's Name: _____ Phone: _____ Religion: _____

Father's Address: _____ Registered at St. Mary's: Yes No

Mother's Name: _____ Phone: _____ Religion: _____

Mother's Address: _____ Registered at St. Mary's: Yes No

Mother's Maiden Name: _____ In Emergency Call: _____