Saint Stanislaus Kostka and Transfiguration
School of Religion
REGISTRATION FORM FOR SCHOOL YEAR 2017 - 2018

PLEASE PRINT ALL INFORMATION

Student: _____ Date of Birth: ____/____/____
First Name Last Name

Address: _____
Street apt# city state zip

Father: _____/_____
First Name Last Name Religion

Cell Phone Number: _____

Mother: _____/_____
First Name Last Name Religion

Mother's Maiden Name: _____ Cell Phone Number _____

Guardian: _____/_____
First Name Last Name Religion

Relationship_____

Siblings (names and ages)_____

Home Phone Number: _____ Emergency Phone Number _____

e-mail address of primary contact:_____

School Name: _____

Grade entering in September: _____

SACRAMENTS: (New Students ONLY)

BAPTISM: Date: _____ Church:_____

_____

_____

PENANCE: Date: _____ Church:_____

_____

_____

EUCHARIST: Date: _____ Church:_____

_____

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