



Saint Stanislaus Kostka and Transfiguration  
School of Religion  
REGISTRATION FORM

RETURNING STUDENT

NEW STUDENT

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 \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Siblings (names and ages) \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Emergency Phone Number \_\_\_\_\_

E-mail address of primary contact: \_\_\_\_\_

School Name: \_\_\_\_\_ Grade \_\_\_\_\_  
in September

Authorize person to pick up child: \_\_\_\_\_  
Name Phone Number

My child has the following allergies:  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SACRAMENTS: (New Students ONLY)**

BAPTISM: Date: \_\_\_\_\_ Church: \_\_\_\_\_

PENANCE: Date: \_\_\_\_\_ Church: \_\_\_\_\_

EUCCHARIST: Date: \_\_\_\_\_ Church: \_\_\_\_\_