

# Parish School of Religion—Grades 1-6 2016-2017

## Student Information (please print)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Baptized: yes no Gender: \_\_\_\_\_ Attended  
here before: yes no School: \_\_\_\_\_  
Grade: \_\_\_\_\_ Resides with: \_\_\_\_\_

## Family Information (please print)

Last Name: \_\_\_\_\_ EMAIL \_\_\_\_\_  
Address: \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Are you registered at St. Aloysius? Yes No  
If no, parish name \_\_\_\_\_

## Parent/Guardian Information:

Circle one: Mother Stepmother Female Guardian  
Name: \_\_\_\_\_ Email \_\_\_\_\_

Religion: \_\_\_\_\_ Marital Status (Circle one): M S D W

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Circle one: Father Stepfather Male Guardian  
Name: \_\_\_\_\_ Email \_\_\_\_\_

Religion: \_\_\_\_\_ Marital Status (Circle one): M S D W

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

\_\_\_\_ Attached is my PSR registration fee (\$25 per Student)

*In the event of an emergency, if you are unable to reach me, please call:*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_