

Parish School of Religion—Grades 1-6

2019-2020

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:

Check one: Mother Stepmother Female Guardian
Name: _____ Email _____

Religion: _____ Marital Status (Check one): M S D W

Work Phone: _____ Cell Phone: _____

Check one: Father Stepfather Male Guardian
Name: _____ Email _____

Religion: _____ Marital Status (Check 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: _____