ST LUKE THE EVANGELIST, 2757 ALDERMAN ROAD, PALM HARBOR 34684

REGISTRATION FOR RELIGIOUS EDUCATION CLASS

DATE:

FAMILY LAST NAME:		
		PRIMARY LANGUAGE SPOKEN IN HOME: ARE YOU CURRENTLY REGISTERED AT ST. LUKE'S YES NO IF YES, ENVELOPE NUMBER:
СІТҮ:	ZIP	HAS YOUR CHILD ATTENDED THE SCHOL OF FAITH PREVIOUSLY?
HOME PHONE:		IF NO, WHAT PARISH DID YOUR CHILD LAST ATTEND & WHAT GRADE?
E MAIL ADDRESS:		

PRIMARY PARENT/GUARDIAN/HEAD OF HOUSEHOLD

TITLE	(PLEASE CIRCLE ONE:)	MR.	MRS.	MISS	MS.	DR.	
FULL NA	FULL NAME (first, middle, last)						
MARITAL STATUS		S	М	D	W		
		OTHER	l:				
RELATIONSHIP TO STUDENT							
RELIGIOUS AFFILIATION							
HOME PHONE:							
CELL PHONE:							
BUSINESS PHONE:							
OCCUPATION:							
NAME OF BUSINESS:							

SECONDARY PARENT/GUARDIAN

TITLE	(PLEASE CIRCLE ONE:)	MR.	MRS.	MISS	MS.	DR.
FULL NA	ME (first, middle, last)					
MARITA	L STATUS	S	М	D	W	
		OTHER:				
RELATIO	NSHIP TO STUDENT					
RELIGIO	US AFFILIATION					
HOME PHONE:						
CELL PHONE:						
BUSINESS PHONE:						
OCCUPA	OCCUPATION:					
NAME OF BUSINESS:						

FOR OFFICE USE ONLY

FOR OFFICE USE ONLY

FOR OFFICE USE ONLY

REGISTRATION FEE DUE	SACRAMENTAL FEE DUE	1	PARENTAL CONTRACT SIGNATURES	
REGISTRATION FEE PAID	SACRAMENTAL FEE PAID	1	HARASSMENT POLICY SIGNATURES	
CASH RECEIVED	CONFIRMATION		HANDBOOK RECEIVED	
CHECK PAID	1ST HOLY COMMUNION	1		
CHECK NUMBER	-	=		

EMERGENCY CONTACT INFORMATION

(other than parents/guardians)

NAME		
RELATIONSHIP		
ADDRESS		
PHONE NUMBER		
CELL NUMBER		
NAME		
RELATIONSHIP		
ADDRESS		
PHONE NUMBER		
CELL NUMBER		

RELEASE FROM CLASS:

2.

3. _____

ST LUKE THE EVANGELIST SCHOOL OF FAITH

рното	GRAPHY PERMISSION FORM
The under	signed hereby grants to St. Luke the Evangelist, School of Faith
permissio	n to take or have taken still and moving photographs/films including
television	pictures and authorizes the school, news media and any other persons
interested	in St. Luke the Evangelist School of Faith and its work to use and reproduce
above me	ntioned and publicize the same by all means including without limiting the
generality	of the foregoing newspapers, television media, books and clinical material.
With respe	ect to the foregoing matters, no inducements or promises have been made
to us/ me	to secure our/ my signature to this release other than the intention of the school
to use or c	ause to be used such photographs, films, pictures for the primary purpose of
promoting	and aiding St. Luke the Evangelist School of Faith and its work.

_____ Agree

_____ Disagree

Please PRINT the full name of each child you have enrolled in the School of Faith Program and their grade:

NAME	GRADE

If there is anyone who is NOT ALLOWED contact with your child, please list:

Parent/Guardian Signature: _____ Date: _____ Date: _____

Printed Name of Parent/Guardian:

2

1