

ST LUKE THE EVANGELIST, 2757 ALDERMAN ROAD, PALM HARBOR 34684
STUDENT REGISTRATION FOR RELIGIOUS EDUCATION CLASS
Class time: Sunday 11:15 AM - 12:30 PM

DATE: _____

FAMILY LAST NAME: _____

STUDENT NAME :	
Name Child Would Preferred to be called	
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth	
Place of Birth	
Mother's Maiden Name	
School Attending	
Public School Grade	
Student lives primarily with (please circle one)	<div>Mother & FatherOther</div> <div>MotherFather</div>
Date of Baptism	
Name of Church	
Religion	
Church Mailing Address	
Church City	
Church State / Country	
Godparent's names	

For Office Use Only
_____ Grade Level
_____ Baptismal Certificate

Date of Reconciliation
Name of Church
Church Address
City
State or Country
Date of First Communion
Name of Church
Church Address
City
State or Country
Please list Any Allergies
Health Problems
Other Conditions
Remarks:

BAPTISM CERTIFICATE ATTACHED YES___NO___
BAPTISM CERTIFICATE TO BE PROVIDED YES_____
BAPTISM CERTIFICATE ALREADY PROVIDED _____