Use this form for High School Only!

Parents'Names:\_\_\_

## 2025-26 High Schools of Religion Formation for St. Michael, St. Joseph & Most Sacred Heart of Jesus Parishes c/o Pastoral Center P.O. Box 129Paulina, La 70763 (225)869-5751

| Office Use only |
|-----------------|
| Date Received:  |
| Amount:         |
| Check #         |
| Cash            |

| Street Address:_                                                                                                                                                                                                                                                                                                                               |                                                                   |                                          |                                       |                                         |                                       |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|------------------------------------------|---------------------------------------|-----------------------------------------|---------------------------------------|--|
|                                                                                                                                                                                                                                                                                                                                                |                                                                   |                                          |                                       |                                         |                                       |  |
| City                                                                                                                                                                                                                                                                                                                                           |                                                                   | State:                                   |                                       | ZipCode:                                |                                       |  |
| Home Phone:                                                                                                                                                                                                                                                                                                                                    |                                                                   |                                          |                                       |                                         |                                       |  |
| Cell                                                                                                                                                                                                                                                                                                                                           |                                                                   |                                          |                                       |                                         |                                       |  |
| Email address:_                                                                                                                                                                                                                                                                                                                                |                                                                   |                                          |                                       |                                         |                                       |  |
| Church Parish:(0                                                                                                                                                                                                                                                                                                                               | Circle please): St.Michael                                        | St. Joseph                               | Sacred Heart                          | Other:                                  |                                       |  |
| You have my per                                                                                                                                                                                                                                                                                                                                | mission to publish pictu                                          | ires of my child                         | d/children                            |                                         | Sign, please                          |  |
|                                                                                                                                                                                                                                                                                                                                                | et                                                                |                                          |                                       |                                         |                                       |  |
| Fees Now thru M                                                                                                                                                                                                                                                                                                                                |                                                                   |                                          | Fees June 1                           |                                         |                                       |  |
|                                                                                                                                                                                                                                                                                                                                                | \$25.00<br>\$50.00                                                |                                          | 1 child<br>2 children                 | \$40.00<br>\$65.00                      |                                       |  |
|                                                                                                                                                                                                                                                                                                                                                | \$75.00                                                           |                                          | 3 children                            | \$90.00                                 |                                       |  |
|                                                                                                                                                                                                                                                                                                                                                | \$100.00                                                          |                                          | 4 children                            | \$115.00                                |                                       |  |
| FIRST YEAR STU                                                                                                                                                                                                                                                                                                                                 | JDENTS: If your child is er                                       | ntering the PSR                          | Program for the                       | first time, please in                   | clude a copy of his/her baptismal     |  |
| fee is due at the t<br>Tuesday, Jan 27,                                                                                                                                                                                                                                                                                                        | first "Parent/Student" se<br>2026 (Class of 2027)at S             | ession on <u>Augu</u><br>St. Joseph, and | ıst 3, 2025 at 6:1<br>I Tuesday, June | 5 at Sacred Heart<br>1, 2026(classof 20 |                                       |  |
| Parent/Student S                                                                                                                                                                                                                                                                                                                               | session for 9 <sup>th</sup> , 10 <sup>th</sup> & 11 <sup>th</sup> | graders is <u>Sur</u>                    | nday, August 3, 2                     | 2025 at 6:15 at Sa                      | cred Heart Church.                    |  |
|                                                                                                                                                                                                                                                                                                                                                | e Policies for the new form up to date information.               | at of classes. T                         | he Bulletin or ou                     | Facebook: "The                          | Catholic Church in East St. James     |  |
| llee this form for                                                                                                                                                                                                                                                                                                                             | HIGH SCHOOL ONLY                                                  | Please return thi                        | s form along with                     | the fee as soon as                      | nossible. You may also drop it off or |  |
| Use this form for HIGH SCHOOL ONLY! Please return this form along with the fee as soon as possible. You may also drop it off or mail it to the Pastoral Center, P.O. Box 129, Paulina, LA 70763. Please make your check payable to St. Joseph Church, no matter what parish you belong to. Attach copy of baptismal certificate if applicable. |                                                                   |                                          |                                       |                                         |                                       |  |
| Student Name: F                                                                                                                                                                                                                                                                                                                                | irst:                                                             | М                                        | iddle:                                | Last                                    | :                                     |  |
| Gender: M F                                                                                                                                                                                                                                                                                                                                    | Grade for fall of 2025/2                                          | 6:                                       | _ Circle One: §                       | St. Michael or Sac                      | red Heart                             |  |
| Student Name: F                                                                                                                                                                                                                                                                                                                                | irst:                                                             | М                                        | iddle:                                | Last                                    | <b>:</b>                              |  |
| Gender: M F                                                                                                                                                                                                                                                                                                                                    | Grade for fall of 2025/26                                         | 6:                                       | _ Circle One: St                      | . Michael or Sacr                       | ed Heart                              |  |
| Student Name: F                                                                                                                                                                                                                                                                                                                                | irst:                                                             | М                                        | iddle:                                | Last                                    | :                                     |  |
|                                                                                                                                                                                                                                                                                                                                                | Grade for fall of 2025/26                                         |                                          |                                       |                                         |                                       |  |
| Student Name: F                                                                                                                                                                                                                                                                                                                                | irst:                                                             | M                                        | iddle:                                | Last                                    | ·                                     |  |
|                                                                                                                                                                                                                                                                                                                                                | Grade for fall of 2025/26                                         |                                          |                                       |                                         |                                       |  |