

**ST. MICHAEL CHURCH  
PARISH SCHOOL OF RELIGION  
REGISTRATION FORM**

Student's Name \_\_\_\_\_

**New Student** Yes No

Has student received the sacraments of?

Baptism:	Yes	No	First Reconciliation:	Yes	No
First Eucharist:	Yes	No	Confirmation:	Yes	No

Parent's Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Telephone Number

Home \_\_\_\_\_ Cell \_\_\_\_\_

Name of school student is attending \_\_\_\_\_

Student's Grade Entering (PSR) \_\_\_\_\_

Is child allergic to anything? \_\_\_Yes \_\_\_No. If yes, to what is your child allergic to: \_\_\_\_\_?

Registered member of St. Michael the Archangel Parish Yes No

If No, please specify church parish \_\_\_\_\_

Where did you attend PSR last year? \_\_\_\_\_

If you did not attend St. Michael PSR what grade did you complete? \_\_\_\_\_

**\* Please fill out a form for each child. If you have more than one child, you may pay with one check.**

\*Reminder---Spiritual Hours and all class work must be completed before student can go to the next grade.

**Registration Cost**

\$25.00 Per Student

\$45.00 Confirmation Students

**Office Use Only**

Date Received: \_\_\_\_\_

Amount Received: \_\_\_\_\_

Cash \_\_\_ Check # \_\_\_\_\_