

**ST. MARTIN de PORRES PARISH SCHOOL OF RELIGION
STUDENT REGISTRATION 2020-2021**

Child's Name _____
(Last) (First) (Middle)

Address: _____ Phone: _____
(Street)

(City) (State) (Zip Code) Grade: _____
(September, 2020)

E-Mail Address: _____

Birth: _____
(City) (State) (Month/Day/Year)

Where did student attend Religious Education Classes during the 2019-2020 school year: _____

Family is registered in St. Martin de Porres Parish ___ Yes ___ No (If no, what parish?) _____

Student Attends _____ Public School

Does student have special learning situation? (describe) _____

Father: _____
(Last) First Middle (Religion)

___ Living ___ Deceased ___ Married ___ Separated ___ Divorced ___ Widowed ___ Remarried? _____
(Name of Spouse)

Occupation _____ Work # _____ Cell # _____
(Area code) (Area code)

Mother: _____
(Last) First Middle Maiden Name (Religion)

___ Living ___ Deceased ___ Married ___ Separated ___ Divorced ___ Widowed ___ Remarried? _____
(Name of Spouse)

Occupation _____ Work # _____ Cell # _____
(Area code) (Area code)

Child lives with _____ Relationship _____

*Sacramental Data info. Must be updated by parent or guardian

*Sacramental Data	Date	Parish **	City	Certificate seen by
First Reconciliation				
First Eucharist				
Confirmation				

**For sacraments received in other parishes a COPY of the certificate is REQUIRED with the registration form (ONE time only)

Does student need special preparation for sacraments? (describe) _____

Emergency contact: (Name) _____ (Phone # + area code) _____
(Emergency number must be other than parents' phone or cell phone)

Physician name: _____ (Phone # + area code) _____

Hospital where student should be taken in an emergency: _____

Allergies: _____

I CAN ASSIST THE PARISH SCHOOL OF RELIGION IN ONE OF THE FOLLOWING WAYS:

Teacher (grade) _____ Substitute _____ Teacher Aide _____

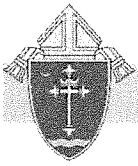
****I give permission for my child named above to participate in the Archdiocesan mandated human sexuality program: "Gods Own Making" ___ Yes ___ No (Grades 4-8 only). If you wish to preview materials notify the office in writing.**

Signature of Parent or Guardian _____ Date: _____

Office use only: Date registration received: _____

Family Registration Fee: \$100.00 _____ Book/Supply Fee: \$40.00 per student _____

Please bring baptismal record if you are a new family



MEDIA AUTHORIZATION FORM

INTRODUCTION

For marketing and publicity purposes, there may be times when the school/parish/archdiocese wishes to use your and/or your child(ren)'s image, name, recording, or academic work in various media for marketing and/or publicity purposes. As parent, you may choose the appropriate level(s) of authorization. For your convenience, this one form covers all members of your family at the same school.

LEVELS OF AUTHORIZATION

Parish/School: I grant permission to use my or my child's image, name, recording, or academic work in communications that include, but are not limited to, parish bulletin, school newsletter, student newspaper, admission videos, parish/school website and social media.

Yes No

Archdiocese of St. Louis: I grant permission to use my or my child's image, name, recording, or academic work in communications that include, but are not limited to, archstl.org, St. Louis Review, Catholic St. Louis magazine, archdiocesan social media, The e-Vangelizer (newsletter published by the Catholic Education Office) and any publication(s) by agencies administered by the Archdiocese of St. Louis.

Yes No

Sponsoring Organizations: I grant permission to use my or my child's image, name, recording, or academic work in websites, videos, and publications created by independent foundations and corporations that support Catholic education but are not legally connected to the Archdiocese of St. Louis, including, but not limited to, Today and Tomorrow Educational Foundation, Roman Catholic Foundation of Eastern Missouri, Access Academies, English Tutoring Project, and United Way.

Yes No

Secular media outlets: I grant permission to use my or my child's image, name, recording, or academic work in secular media communications including, but not limited to, print, radio, TV and internet (Examples: St. Louis Post-Dispatch, KMOX radio, and KSDK-TV).

Yes No

FAMILY AUTHORIZATION *(Please print clearly.)*

Family Name:
Phone:
Email:
School Name:
Parish Affiliation (if applicable):
Parent 1 Name:
Parent 2 Name:

Child(ren)'s Name (s):	Grade:	Age:

Parent/Legal Guardian Signature:	Date:
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