

**ST. MARTIN de PORRES PARISH SCHOOL OF RELIGION
STUDENT REGISTRATION 2015-2016**

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

Address: _____ Phone: _____
(Street)

(City) (State) (Zip Code) Grade: _____
(September, 2015)

E-Mail Address: _____

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

Where did student attend Religious Education Classes during the 2014-2015 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: _____

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Office use only: Date registration received: _____

Family Registration Fee: \$85.00 _____ Book/Supply Fee: \$40.00 per student _____