# PSR 9th-10th grade

**Registration Fee:$65.00**

## APPLICANTS MUST TURN IN BAPTISMAL RECORD AND FIRST COMMUNION RECORDS.

**Please Print: CHILD'S FULL NAME**

_____

First Name Middle Last Name

City & State of Birth _____

Date of Birth _____

Home Address _____

City_____State_____Zip _____

Home Phone Number _____Student's Cell # _____

School Attending for 2017-2018 year _____

Grade level 2017-2018 _____

**Child's Baptism information:**

Date of Baptism _____

Church of Baptism _____

City _____State _____

**Child's First Communion information:**

Date of First Communion _____

Church of First Communion _____

City _____State _____

**Parent Information:**

Father's Full Name_____

Father's Work # _____Father's Cell # _____

Father's e-mail _____

Mother's Full Name _____

Mother's Work # _____Mother's Cell # _____

Mother's e-mail _____