ST. JOHN THE BAPTIST PARISH SCHOOL OF RELIGION (PSR) REGISTRATION FORM 2016-2017

STUDENT'S NAME:Las		First		Middle
Gender: Male				
Female	DATE OF BIRTH: _	/_		
		Month	Day	Year
ADDRESS:				
			City	State
HOME PHONE:#: () Area Code			Zip Code -	4 Digit
Area Code			Zip Code -	F 4 Digit
FATHER'S CELL # ()	MOTHER'S			
Area Code		Area (Lode	
PARENT'S E-MAIL ADDRESS:				
DIDLIC COHOOL ATTENDING.			DCD CDAI	DE.
PUBLIC SCHOOL ATTENDING:	(2016-2017 School Ye		_ PSR GRADE: (2016-2017 School Year)	
FATHER'S FULL NAME				
RELIGION:	OCCUPATION:			
COMPANY NAME:				
DUGINESS DUONE	Ent			
BUSINESS PHONE ()Area Code	Ext			
MOTHERS ELV VALVE		3.64	IDEN	
MOTHER'S FULL NAME		NIA	MDEN:	
RELIGION	OCCUPATION			
COMPANY NAME				
DUGDJEGG DUONE	П.			
BUSINESS PHONE ()Area Code	Ext			
PARENT'S MARITAL STATUS: _	Marriad	Saparatad		Divorced
IAMENI S MAMIAL SIATUS: _	IVIAITICU	Separateu		_ DIVOICEU
IS THIS A FIRST TIME REGISTE	RATION FOR THIS STU	JDENT?	YES	NO

PLEASE COMPLETE NEXT PAGE

	BAPTISM	FIRST RECONCILIATION	ON FIRST EUCHAR	IST
DATE				
CHURCH				
CITY & STATE				
accompany the	Registration 1 on			
Baptist Church If the parent i	, Harrison. Please	e send a "COPY" only. ther side of Registration I student, please provide the		-
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Baptist Church If the parent i a biologic LEGAL GUARD RELATIONSHIP ADDRESS:	Harrison. Please of this lan's NAME:	cher side of Registration I student, please provide the book book book book book book book boo	the student reside with you?	State
Baptist Church If the parent i a biologic LEGAL GUARD RELATIONSHIP ADDRESS:	Harrison. Please of this lan's NAME:	e send a "COPY" only. ther side of Registration I student, please provide the books. Does	the student reside with you?	State

Would you like to assist with the PSR Program in any way? \square Yes \square No