Office Use Only
Payment: _____
Type: _____
Date: _____
Emergency: _____
Photo Release:_____
Baptismal Cert:_____

Parish School of Religion –

Re-Registration

Religious Education Program (PSR)

Student's Name: _____ **Prefers to be called:** _____
First Middle Last

Please update any information that has changed:

Address: _____

Phone numbers: _____

Current School: _____ **Grade:** _____

Please provide any Other information that has changed:

_____
_____
_____
_____