

For Office Use Only	Date Form Received _____
_____ Chastity Permission Form	
_____ Class List & Oldest/Only	
_____ Emergency Form	
_____ Folder	
_____ Parent Handbook	
_____ Parent Witness Statement	
_____ Media Permission Form	
_____ Teacher Copy	

St. Mark Parish School of Religion (PSR) Registration Form 2017-2018

Please complete one form per student re-enrolling or enrolling in PSR.

Parent Last Name _____ Phone _____
 Mailing Address _____ Zip _____
 E-mail Address _____ (Mother) E-mail Address _____ (Father)

Child(ren) lives with: Both Parents _____ Mother _____ Father _____ Other (please name) _____
 If the parents live at separate addresses, please check the box to the left if you would like mailings sent to both parents.
 Registered members of St. Mark Parish? Yes _____ No _____ If not, what is your parish? _____

Parent or Guardian Information

Father's Name _____ Religion _____
 Marital Status Married Separated Divorced Remarried Widowed Deceased
 Employed by _____ Work Phone _____
 Mother's (Maiden) Name _____ Religion _____
 Marital Status Married Separated Divorced Remarried Widowed Deceased
 Employed by _____ Work Phone _____

Student Registration Information

First Student's Name _____ Grade at Public School in Fall _____
 Nickname _____ Birth date _____ School _____

Sacraments Received

Baptism: Yes _____ No _____ Date of Baptism _____ Church Where Baptized _____
 First Reconciliation: Yes _____ No _____ Date Received? _____
 First Eucharist: Yes _____ No _____ Date Received? _____
 Confirmation: Yes _____ No _____ Date Received? _____

Number of years of previous Catholic Religious Education _____ Other Religious Education _____

Check if any of the following pertain to your child.

Special Needs: ___LD ___ADD ___Emotional and/or Behavioral Disorder ___Special Ed Classes ___Special Medication
 ___Physical Disability, explain _____ Food Allergies, explain _____