

ST. BASIL'S PARISH SCHOOL OF RELIGION

Date _____

(Please Print)

School Year	Student's Last Name	Student's First Name	Grade
Address	City and Zip Code	Phone Number	() _____
Public School Now Attending	Health/Learning Problem	Birth Date	
Father's Name (First & Last)	Religion	Mother's Name (First & Last+ Maiden Name)	Religion
Child lives with () Father () Mother () Stepfather () Stepmother () Other			
Email Address _____	Address mail to _____ Parent(s) Name		

Grade 2-12: Place of Religious Education previous to St. Basil

<u>Baptism</u>	Church _____	City/State _____	Date _____
<u>First Communion</u>	Church _____	City/State _____	Date _____
<u>Confirmation</u>	Church _____	City/State _____	Date _____

For Office Use Only

2011-12 _____	2014-15 _____	2017-18 _____	2020-21 _____
2012-13 _____	2015-16 _____	2018-19 _____	
2013-14 _____	2016-17 _____	2019-20 _____	

REG _____