

ST BASIL'S PARISH SCHOOL OF RELIGION

Date _____

(Please Print)

School Year

Student's Last Name

Student's First Name

Grade

Address

City/State

()
Phone

Public School Now Attending

Health/Learning Special Need

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 2-8: Place of Religious Education previous to St. Basil

Baptism Church _____ City/State _____ Date _____

First Communion Church _____ City/State _____ Date _____

For Office Use Only

2019-20 _____	2022-23 _____	2025-26 _____	2028-29 _____
2020-21 _____	2023-24 _____	2026-27 _____	2029-30 _____
2021-22 _____	2024-25 _____	2027-28 _____	2030-31 _____

REG _____