

St. Mary's

PSR Registration Form

Date: _____ Grade: _____

Student's Name: _____

Address: _____

City	State	Zip
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Phone Number: _____ Birth Date: _____ (month/day/year)

E-Mail Address: _____
(Please print clearly)

Family Information

Student Lives with: ___ Both Parents ___ Father ___ Mother Other _____

Father's Name: _____

Address: _____
(If different than child's)

Phone Number: _____ Religion: _____

Occupation: _____

Mother's Name: _____

Address: _____
(If different than child's)

Phone Number: _____ Religion: _____

Occupation: _____

In case of emergency, whom should we contact?

Name: _____ Phone: _____

Name: _____ Phone: _____

(Over)

