

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

Baptism

Church_____City/State_____Date_____

First Communion

Church_____City/State_____Date_____

For Office Use Only

2014-15_____ 2017-18_____ 2020-21_____ 2023-24_____

2015-16_____ 2018-19_____ 2021-22_____ 2024-25_____

2016-17_____ 2019-20_____ 2022-23_____ 2025-26_____

REG_____