ST. ROSE OF LIMA PARISH
MURFREESBORO, TN 37130
CREATING, LEADING, FORMING, LIVING, BUILDING, ENRICHING

RELIGIOUS EDUCATION REGISTRATION FORM

CONFIRMATION STUDENT

*Please fill out **one form per student**- this is a onetime form for as long as your child/youth is in St. Rose Rel. Ed*
This form is for Confirmation Students Only.

Please Print Legibly *One time Registration fee is due for both Year One & Year Two at time of Year One Registration.*

*Early registration discount if submitted by **May 27, 2016***

Year Enrolled _____ Applying for Grade ____ Year One ____ Year Two

Applicant **STUDENT NAME**

_____
Last First Middle Nickname/Preferred

___Male ___Female _____ **Catholic ___Yes ___No**
Birthdate (month/day/year)

_____
Home Address City State Zip

_____
Home Phone Number Email Address (Required)

_____
Cell Phone/Mother Cell Phone/Father

Black/African Am. ( ) White ( ) Hispanic/Latino ( ) Two or more race ( ) Asian ( )
American Indian/Native Alaskan ( ) Native Hawaiian/Other Pacific Islander ( )

Religion/ Sacraments

Student's Religion _____ Registered Parish _____

Please circle which sacraments your child has already received:

Baptism Date of Baptism_____
Church Name_____

First Reconciliation Date of Reconciliation _____
Church Name_____

First Communion Date of First Communion_____
Church Name_____

Emergency Contact

_____

Name Emergency Phone # Relationship to Student

Students interests and activities

List extra-curricular interests (i.e. music, sports, computer)

_____

Current School

_____

Applicant's Present School

Applicant Information

If applicable, please complete:
Is your child receiving any special accommodations in their current academic environment?

_____

_____

Please list any medical conditions or special circumstances your child has. (For example, illness, learning differences, ADD, ADHD, physical handicaps, frequent relocations, etc) If the applicant has documented learning deficiencies, we MUST receive a copy of the evaluation documenting the learning.

_____

Does your child take medication that we should be aware of for an existing condition? Please list medication and condition for which it is prescribed.

_____

_____

(Parish Office Use)

Date Received _____Check # _____Check Amt _____Cash _____PDS _____File Complete_____