



1601 N. Tennessee Blvd | Murfreesboro, TN 37130 | (615) 893-1843 | www.saintrose.org

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 26, 2017***

Year Enrolled _____ **Applying for** _____ Year One _____ Year Two
What grade will you be 2017/2018 school year _____

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 Parent 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 _____

