



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 25, 2018***

Year Enrolled _____

Applying for _____ Year One _____ Year Two
What grade will you be 2018/2019 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 _____

Emergency Contact

Name	Emergency Phone #	Relationship to Student
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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 _____