



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

RELIGIOUS EDUCATION STUDENT REGISTRATION FORM

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 PSR classes **CGS (PK) – 6th Grade**

Please Print Legibly

Registration fee of \$55.00 is due at time of registration.

Early registration discount if submitted by **May 26, 2017**

Applying for Grade

CGS K 1 2 3 4 5 6
Age 3&4 (Pre-K)

Delayed Sacrament ~ Is your child past the 2nd grade? Did he/she miss First Communion?

RCIC ~ Is your child 8 or older & has not been Baptized?

School Grade 2017-2018?

Year Enrolled

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 _____

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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 _____