

ST. COLUMBKILLE PARISH SCHOOL OF RELIGION FOR OFFICE USE ONLY:
Date received: _____ Pd: cash _____ check _____ check no. _____ Total Pd: _____

(Please see the CPSR for special circumstances regarding fees; no one is turned away.)

REGISTRATION FORM: GRADES SEVEN - NINE
 Fee \$25.00 (Grade nine- \$10) (check payable to St. Columbkille PSR)

(Print Clearly)

STUDENT (Full Name)

BIRTHDATE GRADE

_____ M or F _____
 Last First
 Sacraments: Baptized ___ yes ___ no First Communion ___ yes ___ no Reconciliation ___yes ___ no

_____ M or F _____
 Last First
 Sacraments: Baptized ___ yes ___ no First Communion ___ yes ___ no Reconciliation ___yes ___ no

_____ M or F _____
 Last First
 Sacraments: Baptized ___ yes ___ no First Communion ___ yes ___ no Reconciliation ___ yes ___ no

(If necessary, continue family registration on a second form.)

FAMILY INFORMATION

Father's Name _____ Phone (h) _____ (w) _____

Mother's Name _____ Phone (h) _____ (w) _____

Street Address _____ City _____ Zip _____

Please supply an email and phone—all correspondence for Confirmation is done via email. Thank you.

E- mail address _____ **Cell Phone: (Optional)** _____

Are you a **registered** member of St. Columbkille Parish? YES _____ NO _____

May we address correspondence to both parents? YES _____ NO _____

Are there any restrictions as to who comes for your child after each Sunday class? YES _____ NO _____

Name of Public School District, Private, or Home School _____

Years/grades of regular attendance in faith formation /religious education: Please circle all that apply

1 2 3 4 5 6 7 8