

**ST. MICHAEL CHURCH
PARISH SCHOOL OF RELIGION
REGISTRATION FORM**

Student's Name _____

Has student received the sacraments of?

| | | | | | |
|------------------|-----|----|-----------------------|-----|----|
| Baptism: | Yes | No | First Reconciliation: | Yes | No |
| First Eucharist: | Yes | No | Confirmation: | Yes | No |

Parent's Name _____

Mailing Address _____

Telephone Number

Home _____ Cell _____

Name of school student is attending _____

Student's Present Grade (PSR) _____

Is child allergic to anything? ___Yes ___No. If Yes, to what is your child allergic to: _____

Registered member of St. Michael the Archangel Parish Yes No

If No, please specify church parish _____

Where did you attend PSR last year? _____

If you did not attend St. Michael PSR what grade did you complete?

Amount Enclosed _____

*** Please fill out a form for each child. If you have more than one child, you may pay with one check.**

****First Grade Students, First Communion and Confirmation Candidates must present Baptismal Certificate.**

*Reminder---Spiritual Hours and all class work must be completed before student can go to the next grade.