

ID PHOTO OF STUDENT

**SAINT PATRICK'S PARISH RELIGIOUS EDUCATION PROGRAM  
REGISTRATION FORM FOR NEW STUDENTS  
PREP YEAR 2024-2025**

**STUDENT INFORMATION:** All information gathered in this form will be treated with confidentiality and will be shared only with parent and guardian's consent.

Student Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Grade in School by September 2024 \_\_\_\_\_ Last Grade in PREP \_\_\_\_\_

Father's Name: \_\_\_\_\_ Father's Religion \_\_\_\_\_

Phone # (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ Email \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Mother's Religion: \_\_\_\_\_

Phone # (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ Email \_\_\_\_\_

Guardian's Name: \_\_\_\_\_ Contact Number \_\_\_\_\_

Was your child baptized in the Roman Catholic Church? **YES** \_\_\_ **NO** \_\_\_

Has your child received their **First Communion**? **YES\*** \_\_\_ **NO** \_\_\_\_\_

\* If **YES**, **When** and **Where** did you Child Receive their **First Communion**?

(First Communion Date) \_\_\_\_\_

(Name of Parish and Address) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NEW STUDENTS MUST SUBMIT PHOTOCOPY OF BAPTISMAL CERTIFICATE UPON  
REGISTRATION**

**Certificate attached (Mark X)**

