



## PSR NEW STUDENT REGISTRATION FORM

CHILD'S FULL NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ HOME PHONE \_\_\_\_\_

CITY, ZIP \_\_\_\_\_ SCHOOL \_\_\_\_\_

E-MAIL \_\_\_\_\_

EMERGENCY INFORMATION \_\_\_\_\_  
(In Case of Cancellation) (NAME) (PHONE NUMBER)

BIRTHPLACE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

FATHER'S FULL NAME \_\_\_\_\_ RELIGION \_\_\_\_\_

MOTHER'S FULL MAIDEN NAME \_\_\_\_\_ RELIGION \_\_\_\_\_

SACRAMENTS CHILD HAS RECEIVED:

BAPTISM \_\_\_\_\_  
EXACT DATE NAME & EXACT ADDRESS OF CHURCH

FIRST PENANCE \_\_\_\_\_  
EXACT DATE NAME & EXACT ADDRESS OF CHURCH

FIRST COMMUNION \_\_\_\_\_  
EXACT DATE NAME & EXACT ADDRESS OF CHURCH

CONFIRMATION \_\_\_\_\_  
EXACT DATE NAME & EXACT ADDRESS OF CHURCH

Are you a registered member of St. Leo the Great Parish? \_\_\_\_\_

PREVIOUS REL. ED. \_\_\_\_\_  
NAME OF CHURCH YEARS

PSR TUITION - \$100.00 per student.

Amount Paid \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE TURN FORM OVER AND COMPLETE**

