Saints Rose and Clement
Office of Religious Education

Phone 739-0212

Student Registration Form 20____- 20____

Student Name_____Male_____ Female_____

Address_____Zip Code_____

Telephone_____Date of Birth_____

Current School_____ Grade (as of Sept. 1st) _____

CCD grade to be placed in_____*if different from above

New student to Saints Rose and Clement Yes ___ No____

Parent Information:

Father_____Telephone_____

Mother_____Telephone_____

E-mail address:_____

Marital Status: Married_____Divorced_____Single_____

Please note a phone number which is best to reach you at.

Work Telephone #_____ Home Telephone #_____
Cell Phone Number_____Number for Connect Ed Contact_____

Student Sacramental Information:

Name of Church for: Baptism_____
Penance_____
Eucharist_____

Additional Information:

Does the student take any prescription medicine?
Does the student have any learning difficulties or special needs?

Please note any special situations or circumstances we should be aware of (Allergies, Chronic Illness, Anxiety):

Registration Fee: $35 per student

Amount Paid:_____Check #:_____Cash_____