

St. Margaret Mary Alacoque PSR NEW STUDENT REGISTRATION FORM

Date: _____

STUDENT: _____, _____, _____ Entering grade _____ in Fall of _____
Last First Middle

GENDER: Boy: ___ Girl: ___ BIRTH DATE: _____ BIRTH PLACE _____
Mo/Day/Year City State

Address mail to: _____

PHONE: (home) _____ (cell) _____

E-MAIL (please print carefully): _____

Are you registered parishioners of SMMA? Yes No
 If not, PARISH OF REGISTRATION: : _____ or
 Would you like to register at SMMA ? Yes No

CHILD'S SCHOOL: _____

ANY PRIOR RELIGIOUS INSTRUCTION ? : _____

ANY SPECIAL CONSIDERATIONS: (LD, ED, Physical ConcernS, etc) _____

SACRAMENTS:	DATE	CHURCH	CITY, STATE
Baptism	_____	_____	_____
1st Penance	_____	_____	_____
1st Communion	_____	_____	_____
Confirmation	_____	_____	_____

Parents or Guardians: **Father/Stepfather/Guardian** **Mother/Stepmother/Guardian**
 (Circle one)
 Name: _____ (Maiden) _____

Occupation: _____

Religion: _____

Child lives with: ___ Biological parents ___ OTHER (Please explain: _____)

_____)

SPECIAL COMMENTS: (If there is anything else it might help us to know then please write a note on the back side. Thank you.)