

Date _____

**DIVINE MERCY PARISH
PARISH RELIGIOUS EDUCATION PROGRAM
233 Adeline Street
Trenton, New Jersey 08611**

STUDENT REGISTRATION FORM

(Please Print all information)

STUDENT _____ SEX _____
(Last) (First) (Middle)

ADDRESS _____

CITY _____ STATE _____ ZIPE CODE _____

TELEPHONE (Home) _____ (Work) _____

Email _____

PLACE OF BIRTH _____ DATE OF BIRTH _____

REGISTERED PARISH _____ CITY/STATE _____

(All mail will be sent to the above address unless otherwise noted.)

	PARISH	CITY/STATE	DATE
BAPTISM			
PENANCE			
FIRST EUCHARIST			
CONFIRMATION			

	NAME	OCCUPATION	RELIGION
FATHER			
	(Last) (First)		
MOTHER			
	(Last) (Maiden) (First)		
GUARDIAN			
	(Last) (First)		

Relationship of Guardian to child _____

Are there any custodial issues we should be aware of? _____

Does your child have learning needs?

Learning Disability. Classification _____

Other. Please explain. _____

Is there any medical condition that we should be aware of? _____

Is the child on any special medication that we should be aware of? _____

PREVIOUS RELIGIOUS EDUCATION INSTRUCTION

PARISH/SCHOOL _____
CITY _____ STATE _____
GRADE COMPLETED _____

(The following information is to be completed by the Parish Religious Education Program Administrator.)

CHANGE OF ADDRESS		
ADDRESS _____		
CITY _____	STATE _____	ZIP CODE _____

CHANGE OF TELEPHONE	
HOME _____	WORK _____

GRADE LEVEL	YEAR	DAYS ABSENT	COMPLETED GRADE
Pre-K – 3 year old			
Pre-K – 4 year old			
Kindergarten			
Grade 1			
Grade 2			
Grade 3			
Grade 4			
Grade 5			
Grade 6			
Grade 7			
Grade 8			