

ST. MICHAEL'S PARISH, HUDSON, MA
RELIGIOUS EDUCATION PROGRAM

Date Received: _____
Amount Paid: _____
<input type="checkbox"/> Check #: _____ <input type="checkbox"/> Cash

NEW STUDENT REGISTRATION ~ GRADES 9-12

Student Name: _____
(first) (mid) (last)

Date of Birth: _____ Place of Birth: _____

Address: _____ Home Phone: _____
(number & street) (city) (zip)

Guardian Name (if different than parent): _____

Address mail to: _____

Father's Name: _____ Place of Birth: _____
(first) (last)

Mother's Name: _____ Place of Birth: _____
(first) (maiden) (last)

Parent's Email Address: _____
(name) (email address)

School: _____ School Grade: _____

Confirmation Course Level: _____ (First year: **Level I** - Second year: **Level II**)

SACRAMENTS

BAPTISM* Church: _____ Date: _____

FIRST COMMUNION Church: _____ Date: _____

FIRST PENANCE Church: _____ Date: _____

EMERGENCY CONTACT

Mother's cell phone: _____ Father's cell phone: _____

If neither parent has a cell phone and no one can be reached at home, who should we contact in case of emergency?

Name: _____ Phone: _____

Relationship to student: _____

SPECIAL NEEDS

Does this student have special needs or medical conditions that we should be aware of? no yes

If "yes", please explain: _____

** If the student was baptized in a parish, other than St. Michael, we will need to have a copy of the baptismal certificate*

CONFIRMATION SPONSOR

Sponsor Name: _____ Relationship to Student: _____

Address: _____ Phone: _____
(number & street) (city/zip)

Sponsor's Parish: _____