

STUDENT INFORMATION FORM - FOR FIRST TIME REGISTRANTS

THIS FORM MUST ALSO BE ATTACHED TO RELIGIOUS EDUCATION REGISTRATION FORM FOR STUDENTS REGISTERING FOR THE FIRST TIME AT ST. BRENDAN PARISH

GRADE ENTERING (CCD): _____

Child's FULL LEGAL Name: _____ Sex _____
First Middle Last

Phone: _____ Cell: _____

Cell: _____

Email address: _____

Address: _____
Street Town State Zip

Date of Birth: _____ Place of Birth: _____

Father's FULL LEGAL Name: _____
First Middle Last

Mother's FULL LEGAL Name: _____
First Middle Maiden Last

Was your child baptized here at St. Brendan Church? _____ If not, where?

Name of Church Address ***

***** If your child was baptized in another church, kindly send a self-addressed-stamped envelope to the church where the child was baptized requesting that they send you a record of the child's baptism. We need a COPY of the Baptismal Certificate.**

First Penance? _____ Where? _____

First Communion? _____ Where? _____

Name of Child's Godfather: _____

Name of Child's Godmother: _____