

ST BRIGID PSR

**PSR REGISTRATION FORM
SCHOOL YEAR 2023-2024**

Parents Last Name/First Names _____

Street Address: _____ City: _____ Zip: _____

Home Phone: _____ Email: _____

Please provide us with an email address that we can send information about upcoming events, statements, reminders and cancelations.

PARENT OR GUARDIAN THE STUDENT LIVES WITH:

Last Name: _____ First Name: _____ DOB: _____

Relationship to child: _____ Religion: _____

Work Phone: _____ Cell Phone: _____

Email address: _____

Last Name: _____ First Name: _____ DOB: _____

Relationship to child: _____ Religion: _____

Work Phone: _____ Cell Phone: _____

Email address: _____

Please specify relationship (grandparents, guardian if child lives with someone other than parent) _____

STUDENT 1 INFORMATION

Last Name: _____ First Name: _____ DOB: _____ Male Female

Enrolling for Parish School of Religion, Grade: _____ In Class (Sunday 8:15-9:15 am) or Homeschool: _____

Student's previous formal religious education Gr: 1 2 3 4 5 6 7 8

Check the Sacraments they have received:

Baptism At St Brigid? Yes/No If no, list parish name & city, state _____

Reconciliation At St Brigid? Yes/No If no, list parish name & city, state _____

Eucharist At St Brigid? Yes/No If no, list parish name & city, state _____

Confirmation At St Brigid? Yes/No If no, list parish name & city, state _____

RCIA At St Brigid Yes/No If no, list parish name & city, state _____

IEP needs: _____

I would like to set up an appointment with my child's catechist to discuss my child's learning/health issues.

STUDENT 2 INFORMATION

Last Name: _____ First Name: _____ DOB: _____ Male Female

Enrolling for Parish School of Religion, Grade: _____ In Class (Sunday 8:15-9:15 am) or Homeschool: _____

RCIA At St Brigid Yes/No _____ If no, list parish name & city, state _____

Student's previous formal religious education Gr: 1 2 3 4 5 6 7 8

Check the Sacraments they have received:

Baptism At St Brigid? Yes/No _____ If no, list parish name & city, state _____

Reconciliation At St Brigid? Yes/No _____ If no, list parish name & city, state _____

Eucharist At St Brigid? Yes/No _____ If no, list parish name & city, state _____

Confirmation At St Brigid? Yes/No _____ If no, list parish name & city, state _____

IEP needs: _____

I would like to set up an appointment with my child's catechist to discuss my child's learning/health issues.

STUDENT 3 INFORMATION

Last Name: _____ First Name: _____ DOB: _____ Male Female

Enrolling for Parish School of Religion, Grade: _____ In Class (Sunday 8:15-9:15 am) or Homeschool: _____

RCIA At St Brigid Yes/No _____ If no, list parish name & city, state _____

Student's previous formal religious education Gr: 1 2 3 4 5 6 7 8

Check the Sacraments they have received:

Baptism At St Brigid? Yes/No _____ If no, list parish name & city, state _____

Reconciliation At St Brigid? Yes/No _____ If no, list parish name & city, state _____

Eucharist At St Brigid? Yes/No _____ If no, list parish name & city, state _____

Confirmation At St Brigid? Yes/No _____ If no, list parish name & city, state _____

IEP needs: _____

I would like to set up an appointment with my child's catechist to discuss my child's learning/health issues.

STUDENT 4 INFORMATION

Last Name: _____ First Name: _____ DOB: _____ Male Female

Enrolling for Parish School of Religion, Grade: _____ In Class (Sunday 8:15-9:15 am) or Homeschool: _____

RCIA At St Brigid Yes/No _____ If no, list parish name & city, state _____

Student's previous formal religious education Gr: 1 2 3 4 5 6 7 8

Check the Sacraments they have received:

Baptism At St Brigid? Yes/No _____ If no, list parish name & city, state _____

Reconciliation At St Brigid? Yes/No _____ If no, list parish name & city, state _____

Eucharist At St Brigid? Yes/No _____ If no, list parish name & city, state _____

Confirmation At St Brigid? Yes/No _____ If no, list parish name & city, state _____

IEP needs: _____

I would like to set up an appointment with my child's catechist to discuss my child's learning/health issues.