

**ST BRIGID PSR**

**PSR REGISTRATION FORM**  
**SCHOOL YEAR 2024-2025**

Parents Last Name/First Names \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Please provide us with an email address so 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 8:00-9:15 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.**

**I have questions about my own sacraments, my spouse's, or one of my other children's, and I would like someone from the Church to contact me.**

## STUDENT 2 INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ DOB: \_\_\_\_\_  Male  Female

Enrolling for Parish School of Religion, Grade: \_\_\_\_\_ In Class (Sunday 8:00-9:15 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 8:00-9:15 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 8:00-9:15 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.*