

John Paul II Religious Education Student Registration Form

**Student Information**

Student Name: \_\_\_\_\_

Student Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Parent's email: \_\_\_\_\_

Grade: \_\_\_\_\_

RE Class: \_\_\_\_\_

Baptism: \_\_\_\_\_

Reconciliation: \_\_\_\_\_

1st Communion: \_\_\_\_\_

Confirmation: \_\_\_\_\_

Registered in Parish: \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_