

Saint Albert the Great Parish School of Religion

New Student Registration Form 2019-2020 Grades 1-7

First Name _____ Last Name _____
Grade in September 2019 _____ Date of Birth _____ Sex M F

Address _____
City _____ Zip Code _____
Telephone _____ Cell _____

Email _____

Parental Information

Father's Name _____ Religion _____
Mother's Name _____ Religion _____
Mother's Maiden Name _____

Sacramental Information

Church of Baptism _____
City, State of Church _____
Date of Baptism (Month, Date, Year) _____

Church Of First Communion _____
City, and State of Church _____
Date of First Communion (Month, Date, Year) _____

*Please attach a copy of Baptismal & First Communion Certificates if these Sacraments were not received at St. Albert the Great Parish.

Additional Information

Is your Family registered at St. Albert the Great Parish? Yes _____ No _____
If "NO" , in which parish are you registered? _____
Previous PSR Program or Catholic Day School _____
Public School Attending this Fall: School _____ City: _____

Tuition Fee: \$25.00 per Student Cash/Check only

Return this form to St. Albert the Great Parish Office

For Office use only

Date _____ Check# _____ Cash _____

Tuition Assessed _____ Amount Paid _____ Balance Due _____