HIGH SCHOOL REGISTRATION 2018-19



WHO: REGISTERED MEMBERS OF THE PARISH IN GRADES 9-12

**WE REQUIRE A COPY OF YOUR BAPTISMAL
CERTIFICATE AT THE TIME OF REGISTRATION FOR NEW STUDENTS**

FULL NAME:			
NOTE: We communicate prim addresses, which you check regu	_		osts. We need two working emai
YOUTH EMAIL:			
PARENT(S) EMAIL:			
PARENTS: Will you help at or or facilitating? YES NO	ne of our session nig	hts? Jobs may include gre	eting, serving the meal, clean-up
ABOUT YOU: Do you have a	ny dietary restrictio	ns or food allergies?	
GRADE: 9 10 11 12 BIRTHDATE:		NICKNAME:	
CURRENT SCHOOL:		MIDDLE SCHOOL:	
CHURCH OF 1 st EUCHARIST:		DATE:	
CHURCH OF 1 ST RECONCILIATION:		DATE:	
CHURCH OF CONFIRMATION:		DATE:	
FATHER'S NAME:			
MOTHER'S NAME:	Last		First
HOME ADDRESS:	Last	First	Maiden
	ZIP CODE:		
PHONE NUMBER(S): YOUTH CELL:		MOTHER CELL:	
HOME:	FATHER CELL:		
MAY WE TEXT YOU ABOUT	PARISH EVENTS	? CIRCLE ONE: YES	NO
REGISTRATION FEE: \$1	00 or \$150 for two c	or more high school youth	from the same family.

For non-parishioners an additional \$250.00 fee will apply.

05/30/18 dmb