



St. Patrick's Religious Education

Returning Student Registration

Date _____

Check if new address _____

Mailing address

Mr./Mrs. Mr., Mrs., Ms. _____

Street _____

Town _____ Zip Code _____

Phone # _____ Cell/ Wk # _____

e-mail _____

Father's Name _____ Mother's Maiden Name _____

1st Student's Name _____ Grade _____

School _____

Does your child have any special needs or medical conditions? No _____

Yes (explain) _____

2nd Student's Name _____ Grade _____

School _____

Does your child have any special needs or medical conditions? No _____

Yes (explain) _____

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Office use only

Tuition payment date _____ Amount _____ Cash _____ Check # _____

Tuition: \$30/one child, \$40/two children, \$50/ three or more children.

3rd Student's Name _____ Grade _____

School _____

Does your child have any special needs or medical conditions? No _____

Yes (explain) _____

4th Student's Name _____ Grade _____

School _____

Does your child have any special needs or medical conditions? No _____

Yes (explain) _____