

St. Helen's
Student Registration Form

Student Registration: _____

Family ID #:	Today's Date: ____/____/____		
Family Name:	Head of Household:	Spouse:	
	Last Name: _____	Last Name: _____	
	First Name: _____	First Name: _____	
	Title: _____	Title: _____	
	Suffix: _____		
Family Info:	Registered: ____/____/____	Family Status: _____	
	Street Address Line 1: _____		
	Street Address Line 2: _____		
	Street City/State: _____		Street Zip: _____
	Geo. Area Number: _____		
	Phone Number	Description	Unlisted?
	_____	Home/Office/Cell/Other	Yes/No
	_____	Home/Office/Cell/Other	Yes/No
	Email: _____		Send Email when possible? ____
	Parish: _____		
Mailing Addr.: (if different than street):	Mailing Address Line 1: _____		
	Mailing Address Line 2: _____		
	Mailing City/State: _____		Mailing Zip: _____
Siblings in Religious Formation:	Name: _____	Grade: _____	Session: _____
	Name: _____	Grade: _____	Session: _____
Student Name:	Last Name: _____		
	First Name: _____		
	Middle: _____		
	Nickname: _____		
	Title: _____		
	Suffix: _____		
Classes:	Class: _____	Room: _____	Times: _____
		Days: _____	
	Class: _____	Room: _____	Times: _____
		Days: _____	
Personal:	Relationship: _____	Type: _____	
	Grade: _____	Gender: _____	
	Language: _____	Birthdate: _____	
	Ethnicity: _____		
	RELIGION: _____		
	SCHOOL: _____		
	OCCUPATION: _____		
	Location: _____		
Phone/Email:	Phone: _____	Type: Home/Office/Cell/Other:	Unlisted? _____
	Phone: _____	Type: Home/Office/Cell/Other:	Unlisted? _____
	Email: _____	Type: Home/Office/Other:	Prefer Email? _____

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Sacraments:	Birthplace: _____ _____	Birth Father: _____ Birth Mother: _____ Mother's Maiden Name: _____
	BAPTISM: Name/Extra Info: _____ Date: _____ Status: _____ Performed by: _____ Church Name: _____	
	1ST EUCH: Name/Extra Info: _____ Date: _____ Status: _____ Performed by: _____ Church Name: _____	
	CONFIRM: Name/Extra Info: _____ Date: _____ Status: _____ Performed by: _____ Church Name: _____	
	1ST REC: Name/Extra Info: _____ Date: _____ Status: _____ Performed by: _____ Church Name: _____	
Emergency Contact/ Birth Parent Information:	Name: _____ Relationship: _____ Send Courtesy Copies? _____ Address: _____ City/State: _____ Zip: _____ Prefer Email? _____ Email: _____ Marital Status: _____ Notes: _____ Religion: _____ Phones: _____ Type: Home/Office/Cell/Other: _____ Unlisted? _____ _____ Type: Home/Office/Cell/Other: _____ Unlisted? _____	