

# - My Education Registration

85 Atlantic Ave , Marblehead, MA 01945

**Term:** 2024-2025

## FAMILY INFORMATION

**Family Last Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Father: \_\_\_\_\_ Father's Email: \_\_\_\_\_

Mother: \_\_\_\_\_ Mother's Email: \_\_\_\_\_

Mother's Maiden: \_\_\_\_\_ **Emergency Contact:** \_\_\_\_\_

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

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

City, St, Postal: \_\_\_\_\_

Father's Cell / Work: \_\_\_\_\_ Father Religion: \_\_\_\_\_

Mother's Cell / Work: \_\_\_\_\_ Mother Religion: \_\_\_\_\_

## STUDENT INFORMATION

**Student Name:** \_\_\_\_\_ **Catholic?** Yes / No

Gender:  Male  Female

**Sacrament Details** Check & Date All Below

Birth Date: \_\_\_\_\_  Baptism: \_\_\_\_\_

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

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

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

**Special Needs** (Medical, Learning Disabilities, Physical Disabilities etc):

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

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

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

**Special Needs** (Medical, Learning Disabilities, Physical Disabilities etc):

NOTE: If any of your children were baptized outside of this parish, and you have not already supplied us with a copy of each child's baptismal record, you will need to supply a copy for our files.

**Tuition DUE:** \$ \_\_\_\_\_ **Tuition PAID:** \$ \_\_\_\_\_ **Signature:** \_\_\_\_\_

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