

St. Benedict Church
Student Registration Form

Student Registration: _____										
Family ID #:	Today's Date: ____ / ____ / ____									
Family Name:	Head of Household: Last Name: _____ First Name: _____ Title: _____ Suffix: _____									
	Spouse: Last Name: _____ First Name: _____ Title: _____									
Family Info:	Family Status: Married: _____ Divorced: _____ Widowed: _____ Seperated: _____ Street Address Line 1: _____ Street Address Line 2: _____ Street City/State: _____ Street Zip: _____ <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Phone Number</th> <th style="width: 40%;">Description</th> <th style="width: 30%;">Unlisted?</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>Home/Office/Cell/Other</td> <td>Yes/No</td> </tr> <tr> <td>_____</td> <td>Home/Office/Cell/Other</td> <td>Yes/No</td> </tr> </tbody> </table> Email addresses: _____ Home Parish if other than St. Benedict: _____	Phone Number	Description	Unlisted?	_____	Home/Office/Cell/Other	Yes/No	_____	Home/Office/Cell/Other	Yes/No
Phone Number	Description	Unlisted?								
_____	Home/Office/Cell/Other	Yes/No								
_____	Home/Office/Cell/Other	Yes/No								
Student Name:	Last Name (if different from parent): _____ First Name: _____ Middle Name: _____ Nickname: _____ Suffix: _____									
Personal Info:	Relationship: _____ Gender: _____ Grade: _____ Birthdate: _____ Language: _____ Ethnicity: _____ Religion: _____ Medical Concerns: _____ School Attending: _____									
Phone/Email:	Phone: _____ Type: Home/Office/Cell/Other: _____ Phone: _____ Type: Home/Office/Cell/Other: _____ Email: _____ Type: Home/Office/Other: _____									
Remarks:										
Emergency Contact/ Information:	Name: _____ Relationship: _____ Phones: _____ Type: Home/Office/Cell/Other: _____ _____ Type: Home/Office/Cell/Other: _____									

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Student Registration: _____

Sacraments:

For Sacramental Records

Birthplace (City/State/Country): _____

Father: _____

Mother: _____ Mother's Maiden Name: _____

BAPTISM:

Name: _____

Date: _____ Certificate
on file: Y N

Church: _____

Church _____

Address _____

City/State _____

CONFIRMATION:

Name: _____

Date: _____ Certificate
on file: Y N

Church: _____

Church _____

Address _____

City/State _____

FIRST COMMUNION:

Date: _____ Certificate
on file: Y N

Church: _____

Church _____

Address _____

Extra Info: _____

RECONCILIATION:

Date: _____ Certificate
on file: Y N

Church: _____

Church _____

Address _____

Extra Info: _____