

ST. JOSEPH PARISH

High School Religious Education Program – Grades 9-12
REGISTRATION FOR SCHOOL YEAR 2007-2008

LAST NAME: _____ FIRST NAME _____ MI _____

DATE OF BIRTH _____ GRADE IN SEPTEMBER 2007 _____

STREET ADDRESS _____ CITY _____ ZIP _____

HOME PHONE NUMBER _____ E-MAIL _____

FATHER'S NAME _____ MOTHER'S NAME: _____

ARE YOU REGISTERED IN ST. JOSEPH'S PARISH: _____

PREVIOUS RELIGIOUS EDUCATION: _____

HAVE YOU BEEN CONFIRMED? _____

STUDENT SIGNATURE: _____

PARENT
SIGNATURE : _____

PLEASE COMPLETE THIS FORM AND RETURN IT, WITH \$15.00

REGISTRATION FEE TO:

MRS. CATHERINE MAUGERI - DIRECTOR OF RELIGIOUS EDUCATION – AT
THE SCHOOL, OR YOU MAY DROP IT OFF AT THE RECTORY AFTER MASS
ON SUNDAY.

COORDINATOR'S USE:

ATTENDANCE RECORD

SEPT. OCT. NOV. DEC. JAN. FEB. MAR. APRIL MAY