

Saint Albert the Great Parish School of Religion

New Student Registration Form 2017-2018 Grades 1-7

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Grade in September 2017 \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex M F

Address \_\_\_\_\_  
City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone \_\_\_\_\_ Cell \_\_\_\_\_  
Email \_\_\_\_\_

**Parental Information**

Father's Name \_\_\_\_\_ Religion \_\_\_\_\_  
Mother's Name \_\_\_\_\_ Religion \_\_\_\_\_  
Mother's Maiden Name \_\_\_\_\_

**Sacramental Information**

Church of Baptism \_\_\_\_\_  
City, State of Church \_\_\_\_\_  
Date of Baptism (Month, Date, Year) \_\_\_\_\_

Church Of First Communion \_\_\_\_\_  
City, and State of Church \_\_\_\_\_  
Date of First Communion (Month, Date, Year) \_\_\_\_\_

Please attach a copy of Baptismal & First Communion Certificates if these Sacraments were not received at St. Albert the Great Parish.

**Additional Information**

Is your Family registered at St. Albert the Great Parish? Yes \_\_\_\_\_ No \_\_\_\_\_  
If "NO" , in which parish are you registered? \_\_\_\_\_  
Previous PSR Program or Catholic Day School \_\_\_\_\_  
Public School Attending this Fall: School \_\_\_\_\_ City: \_\_\_\_\_

Tuition Fee: \$25.00 per Student Cash/Check only

**Return this form to St. Albert the Great Parish Office**

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For Office use only

Date \_\_\_\_\_ Check# \_\_\_\_\_ Cash \_\_\_\_\_

Tuition Assessed \_\_\_\_\_ Amount Paid \_\_\_\_\_ Balance Due \_\_\_\_\_