



Diocese of Trenton STUDENT REGISTRATION FORM

Name of Child _____

Last

First

Middle

Address _____

Street

Town

State

Zip

Grade:

K

1

2

3

4

5

6

7

8

Year: _____

Grade:

K

1

2

3

4

5

6

7

8

Payment: _____

Sacramental Record

	Date	Church	Location
Baptism*	_____	_____	_____
First Reconciliation	_____	_____	_____
First Eucharist	_____	_____	_____
Confirmation	_____	_____	_____

*Other: Baptized in another denomination
 Profession of Faith
 Full Initiation (*Baptized after age 7*)

Date: _____ Parish: _____

Address: _____

City: _____ State: _____ Zip: _____

**Please attach a copy of Baptismal Certificate if not already submitted*

Parish of Registration

Parish: St. Catharine- St. Margaret

Name

Parish Address: 215 Essex Avenue Spring Lake New Jersey 07762

Street

Town

State

Zip

Name of Parish where you are registered: _____

I am not currently registered in a Parish: (please initial) _____



Student's Name: _____
Last First Middle

Family Information

Mother's Name: _____ Home Phone: (____) _____
Last Name / First Name

Maiden Name: _____ Cell Phone: (____) _____

Religion: _____ Email: _____

Father's Name: _____ Cell Phone: (____) _____
Last Name / First Name

Religion: _____ Email: _____

Legal Guardian, if different than above:

Name: _____ Cell Phone: (____) _____
Last Name / First Name

Maiden Name: _____ Work Phone: (____) _____

Address: _____
Street Town State Zip

Email: _____

Are there any custodial issues? If yes, please explain: YES NO

Health Information

Does your child have learning needs?

Learning Disability – Classification: _____

Other – Please Explain: _____

If your child has any medical conditions please explain:

Are there any other special instructions?

Does your child require an aid? YES NO

EMERGENCY CONTACT

Please indicate a person other than parents/guardian that can be contacted in case of an emergency

Name: _____ Phone: (____) _____

Relationship: _____

Name: _____ Phone: (____) _____

Relationship: _____