

PARISH SCHOOL OF RELIGION (PSR) REGISTRATION FORM
HOLY TRINITY PARISH, WESTON, MO
2010-2011

Register only PreK - 8th students on this form. There is a separate form and fee for Confirmation
Please Provide Baptismal Certificate if you have not already done so

FULL NAME OF STUDENT: _____

Goes by: _____ DOB: _____ AGE: _____ GRADE in 10-11 _____

Sacraments student has received:

Baptism _____ **Church** _____ **Address** _____

Reconciliation _____ **Communion** _____ **Confirmation** _____

Name/address of Church if different from above: _____

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ADDITIONAL CHILDREN PLEASE USE SEPARATE SHEET OF PAPER

Child/ren live with: BOTH PARENTS _____ FATHER: _____ MOTHER: _____ OTHER: _____

Family e-mail: _____

FULL NAMES OF PARENTS: Mother: _____ Father: _____
Catholic? Y N Catholic? Y N

Address where child/ren live: _____

Other: _____

HOME PHONE: _____ **WORK:** Father _____ Mother _____

CELL PHONES: _____

PSR mailing to additional address? _____

(PLEASE COMPLETE OTHER SIDE)