

**ST. HELEN R.C. SCHOOL – REGISTRATION FORM**  
**2008 – 2009**

**Date:** \_\_\_\_\_

**Parishioner of St. Helen:**  Yes  No

**Registration #:** \_\_\_\_\_

**Religion:** \_\_\_\_\_

**Registration Fee Paid:** \_\_\_\_\_

**Gender:**  Male  Female

**Entering Grade:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Child's Name:** \_\_\_\_\_  
(Last) (First) (Middle)

**Address:** \_\_\_\_\_

**Home Phone #:** \_\_\_\_\_ **Father's Cell #:** \_\_\_\_\_ **Mother's Cell #:** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_  
(Last) (First)

**Father's Address:** \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_  
(Last) (First) (Maiden)

**Mother's Address:** \_\_\_\_\_

**Emergency Contact:**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Baptismal Certificate**    **Baptismal Church:** \_\_\_\_\_  
\_\_\_\_\_  
(Location)

**Current School Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Birth Certificate**

**Immunization Records**

**Report Card**