

Have you completed a PARISH REGISTRATION FORM? Yes ___ No ___
Families must be registered members of the parish to register children in our parish
faith development program.

**St. Jude the Apostle/St. Mary Gate of Heaven
Student Registration and Information Form 2011-2012**

Date _____ Grade _____ Age _____

Student Name: _____

Address: _____

Phone Number: Home: _____ Cell: _____

Emergency Contact Person _____ Phone _____

Student's Date of Birth: _____ Place of Birth: _____

Father's Name: _____

Mother's Name: (including Maiden) _____

Have you submitted a copy of this students baptismal certificate?

Yes ___ No ___

SACRAMENTAL RECORD: If student received sacraments at St. Jude's or St. Mary's please indicate which parish. If other than St. Jude's or St. Mary's, give name and address of Parish where sacrament was received.

Parish Name	Parish Address	Diocese
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Baptism _____

Reconciliation _____

1st Eucharist _____

Confirmation _____

If there is any additional information you feel we need to know, please indicate below:

Suggestions/Comments:

