

**HOLY TRINITY CHURCH
RELIGIOUS EDUCATION REGISTRATION**

E-Mail Address _____

1. STUDENT INFORMATION - Please Print, use black or blue pen only

Student's Last Name First Name Middle Init. M or F Birth Date Address City Zip Code

Home Phone # Grade in school Grade in RE Resides at above address: Mother / Father / Both Circle

2. PARENT INFORMATION – Please Print

Mother's Name: Last & First Mother's Maiden Name Religion Living or Deceased Circle Mother's Employer Days & Hours of Work Bus. Ph. # Cell Ph. #

Father's Name: Last & First Religion Living or Deceased Circle Father's Employer Days & Hours of Work Bus. Ph. # Cell Ph. #

PARENT / LEGAL GUARDIAN at separate address (May we send school materials to this parent? Y/N)

Name: Last & First Address Phone # Cell Phone #

3. EMERGENCY CONTACT someone **other than the parent** and should live locally and be available during your child's RE class

Name: Last & First Address Phone # Cell Phone # Relationship to student

4. List any learning, physical disabilities, allergies, self-medication, and inhalers that we should be aware of :

Name(s) of person who cannot pick up your child from RE class _____

Please sign and date below by the grade your child is entering in September

Grade 1 _____ Grade 4 _____ Grade 7 _____
Grade 2 _____ Grade 5 _____ Grade 8 _____
Grade 3 _____ Grade 6 _____