

Student Information

Last Name: _____

First Name: _____ Goes by: _____ (MI) _____

Date of Birth: ____/____/____
(Month/Day/Year)

Grade in Fall of 2008 _____ School _____

Registration Options (Please check one)

RE at SJN Home School ARE
(Adapted Religious Education)

1st Choice – Day _____ Time: _____

2nd Choice – Day _____ Time: _____

Sacraments- Please circle sacraments already received

Baptism: Yes No
Reconciliation: Yes No
1st Eucharist: Yes No
Confirmation: Yes No

Allergies/Medical Concerns _____

Office Use Only
Class Assignment: _____

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