

St. Thomas Aquinas Catholic Church
STUDENT REGISTRATION FORM SCHOOL YEAR 2009-10

All Returning Students must register by August 21, 2009

MUST BE REGISTRED PARISHIONERS

Amt Paid _____ Check no. _____

PARISH ENVELOPE ID #: _____

Today's Date / /

Family Name:	Head of Household: Last Name: _____ First Name: _____ Marital Status: _____ Religion/Father: _____	Spouse: Last Name: _____ First Name: _____ Notes: _____ Religion Mother: _____
Family Info:	Street Address: _____ City/State: _____ Zip: _____ Phone Nos: Home _____ Cell _____ Email: _____ Send email when possible? _Yes/No_	
Mailing Address <small>(if different than Street)</small>	Mailing Address _____ Mailing City/State: _____ Mailing Zip: _____	
STUDENT NAME: (1)	Last Name: _____ First Name: _____ Nickname: _____	
Student Personal:	Student Relationship: _____ School: _____ Grade in Sept: _____ Birthdate: _____	
Sacraments:	Student Birthplace: _____ Birth Father's Name: _____ Birth Mother's Name: _____ Mother's Maiden Name: _____ Baptism Name _____ Date: _____ Church Name: _____ Church Address: _____ Reconciliation: Date: _____ Church Name: _____ Church Address: _____ First Communion: Date: _____ Church Name: _____ Church Address: _____	
STUDENT NAME: (2)	Last Name: _____ First Name: _____ Nickname: _____	
Student Personal:	Student Relationship: _____ School: _____ Grade in Sept: _____ Birthdate: _____	
Sacraments:	Student Birthplace: _____ Birth Father's Name: _____ Birth Mother's Name: _____ Mother's Maiden Name: _____ Baptism Name _____ Date: _____ Church Name: _____ Church Address: _____ Reconciliation: Date: _____ Church Name: _____ Church Address: _____ First Communion: Date: _____ Church Name: _____ Church Address: _____	
STUDENT NAME: (3)	Last Name: _____ First Name: _____ Nickname: _____	
Student Personal:	Student Relationship: _____ School: _____ Grade in Sept: _____ Birthdate: _____	
Sacraments:	Student Birthplace: _____ Birth Father's Name: _____ Birth Mother's Name: _____ Mother's Maiden Name: _____ Baptism Name _____ Date: _____ Church Name: _____ Church Address: _____ Reconciliation: Date: _____ Church Name: _____ Church Address: _____ First Communion: Date: _____ Church Name: _____ Church Address: _____	

