

SACRAMENTAL INFORMATION

Baptized: Yes ___ No ___ Church of Baptism _____

1st Communion: Yes ___ No ___ Church of 1st Communion _____

Confirmation: Yes ___ No ___ Church of Confirmation _____

Have you ever attended Religious Education (CCD) classes? Yes ___ No ___

If Yes, How many years? ___ If Yes, at which parish? _____

PREVIOUS EDUCATION

Last school attended: _____

Address: _____

Reason for Transfer: Moved ___ Other ___ (Please specify) _____

Name of Public School required to attend if not at St. Genevieve: _____

ADDITIONAL INFORMATION: PLEASE USE THIS SPACE IF YOU WISH TO SHARE ANY ADDITIONAL INFORMATION ABOUT YOUR CHILD. THIS COULD INCLUDE ALLERGY OR EDUCATIONAL BACKGROUND INFORMATION. **THIS SECTION IS VOLUNTARY.**

REFERENCES

How did you hear about St. Genevieve School? Church Bulletin ___ Ad ___

Saw it in the neighborhood ___ Friend or Family Member ___

** If a current family in the school recommended you, please give their name. They will receive \$250 off **their** tuition for this recommendation. _____

COMPLETING THIS FORM IS NOT A GUARANTEE OF ACCEPTANCE. If, after reviewing your child's records we recognize an inability to serve your child's needs, you will be notified, and your registration fee returned.

(OFFICE USE ONLY)

REGISTRATION FEE PAID: CHECK # _____ CASH _____

RECEIVED BY _____ DATE _____