

ST. ROSE PARISH SCHOOL OF RELIGION

FILE RECORD

Family Name _____
 Address: _____
 Telephone _____

Emergency Information
 Contact Person Name _____
 Telephone _____
 Relationship _____

	Father	Mother
Name		
Religion		
Occupation		
Cell Phone		
E-Mail Address		
Marital Status		
Maiden Name	-----	

Children Information

Student's Name			Birth		Baptism		First Communion		Confirmation		Religions Instruction	
First	Middle	Last	Date	Place	Date	Place	Date	Place	Date	Place	# of years	Place

Other Siblings (Please include ages)
