

NEW STUDENT FORM

Please note: This is for a youngster who has other family members enrolled in Religious Education classes.

ST. TERESA OF AVILA RELIGIOUS EDUCATION PROGRAM

Family (last) Name _____

Address _____ Phone # _____

City _____ State _____ Zip Code _____

Student Name _____
First MI Last

Date of Birth _____ (Male/Female) Grade in September _____

Registering for Session: _____ Sundays: 9:00 am - 10:00 am
(choose one) Gr. K, 1, 2, 3, 4, 5, 6

(or)

_____ Wednesdays: 4:00 pm - 5:00 pm
Gr. K, 1, 2, 3, 4, 5, 6

(or)

_____ Sundays: 11:15 am - 12:30 pm
Gr. 7, 8, 9, 10

Baptized at _____
Parish City State

*Attach a Baptismal Certificate if the child was not baptized at St. Teresa's.

Last attended Religious Education classes at: _____
Parish City

Disability or special need that may require attention such as food allergies, hearing, vision, etc:

Attending Public School _____ Grade _____
Name of school district

Registration Fee - As per cover letter.