

Our Lady of Lourdes
Parish School of Religion

Student Name: _____

Birth Date: _____ Place of Birth _____ Grade in Religion: _____ School Grade _____

Place of Baptism: _____ Email Address _____

Home/Mailing Address: _____

Mothers Name: _____ Phone Number: _____

Fathers Name: _____ Phone Number: _____

Parental Status: Married Separated Divorced

Any Custody Issues: _____

**Emergency Contact Person other than
PARENT:** _____

Any Siblings in Attendance: _____

Any known Food Allergies: _____

Special Needs: _____

My child has permission to be photographed for newspaper, bulletins etc. yes no

OFFICE USE ONLY

Copy of Baptismal Certificate yes no

Paid: _____