

PERMANENT RECORD INFORMATION 2020-2021

This form MUST be filled out for NEW PSR/EDGE STUDENTS OR IF YOUR INFORMATION HAS CHANGED

Child's Name: _____
FIRST NAME MIDDLE NAME/INITIAL LAST NAME

Mailing Address: _____
ADDRESS CITY ZIP CODE

Phone Number: _____ Cell Number(s) _____

School Now Attending: _____

Father's Name: _____ Religion: _____

Mother's Name: _____ Religion: _____

Child lives with: (circle names): Natural Mother Natural Father Step-Mother Step-Father
Foster Parents Grandparents Other: _____

City of Child's Birth: _____ Birthday: _____
Month/Day/Year

SACRAMENTAL INFORMATION: Must enclose a copy of Baptismal certificate if not baptized at St. Helen

Church of Baptism: _____ Baptism Date: _____
Address: _____
City State

Church of First Communion: _____ First Communion Date: _____
Address: _____
City State

Has your child received the Sacrament of Reconciliation? _____yes _____year _____no

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INFORMATION REGARDING THIS CHILD SHOULD BE SENT TO: (if different from above address)

Name: _____ () - _____
First Name Last Name Relationship to Child Phone Number

Address: _____
Address City State Zip Code