

# **PERMANENT RECORD INFORMATION 2021-2022**

***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 Foster Parents Natural Father Grandparents Step-Mother Other: \_\_\_\_\_ Step-Father

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