

St. Rose of Lima CCD Student Permanent Record Form

Home Phone _____

Family Name _____ First _____ Middle _____ Place of Birth _____ Month/Day/Year _____ Parish Where Registered _____

Address: _____ Please Check: _____ Male _____ Female

Living at this Address: Father _____ Stepfather _____ (Name : _____) Guardian _____ (Name: _____)
(Please Check)

Mother _____ Stepmother _____ (Name: _____) Guardian's Relationship _____

Emergency Phone No: _____ Name of Person Being Called : _____ Relationship to Child : _____ Is this a Work No.? _____

FATHER Phone : _____ Work No.: _____ **MOTHER** Phone: _____ Work No.: _____

Name : _____ Deceased () Full Maiden Name: _____ Deceased ()

Address : _____ Address : _____

Place of Birth : _____ Occupation : _____ Place of Birth : _____ Occupation : _____

Religion : _____ Religion : _____

Marital Status : _____ Marital Status : _____

SACRAMENTAL RECORD

	Date	Verified	Church	City	State and Zip
Baptism					
First Penance					
First Eucharist					
Confirmation					

PREVIOUS RELIGIOUS EDUCATION

Name of Parish, Parochial School or Religious Education Program _____ City _____ State _____ No. Years Completed _____ Levels Completed _____

Child's Special Needs : _____

Name of Public School Child Attends: _____ Parent's Signature : _____ Date : _____