



High School Registration

Student's Full Name _____ Grade _____

Parents' Names _____

Mailing Address _____

Email Address _____

Phone Number _____

Medical Conditions or other situations we should know:

Usual Sunday Mass: *(Please circle one.)*

4:30pm Saturday

7:30am Sunday

9:00am Sunday

11:00am Sunday

Sacraments Already Received: *(Please 'x' all that apply.)*

Catholic Baptism

Holy Eucharist

Confession

Confirmation