



**St. Monica Parish School of Religion (PSR)**

**Individual Student Information Form 2021-22**

FORM (D)

Date: \_\_\_\_\_

**PLEASE PRINT CLEARLY**

Student Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Likes to be called \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parents' / Guardian Names \_\_\_\_\_

Child resides with:  **Both parents**  **Mother**  **Father**  **Grandparents**  **Other:** \_\_\_\_\_

School Student is attending Fall of School Year: \_\_\_\_\_ Grade \_\_\_\_\_

Number of years of Catholic Religious Education \_\_\_\_\_ Parish/School: \_\_\_\_\_

**SACRAMENTAL INFORMATION**

<b>Sacrament</b>	<b>Date Celebrated</b>	<b>Church</b>	<b>Address, City, Zip</b>
<b>Baptism</b> (attach a copy of Baptism Certificate)			
<b>First Reconciliation</b>			
<b>First Communion</b>			
<b>Confirmation</b>			

**MEDICAL / HEALTH INFORMATION:** (please check or specify :)

Special Needs: \_\_\_\_\_ LD \_\_\_\_\_ ADD \_\_\_\_\_ Emotional &/or Behavioral Disorder \_\_\_\_\_

Special Ed Classes \_\_\_\_\_ Medications (list drugs here): \_\_\_\_\_

Physical Disability: \_\_\_\_\_ Food Allergies: \_\_\_\_\_

Other: \_\_\_\_\_