

Date: _____

Check Number: _____

St. Margaret's School of Religion

NEW Student Registration Form

*** A copy of student's **baptismal record** is needed for students baptized outside of Burlington, MA. ***
Please submit a copy of each student's baptismal record with this form.

Father's First Name: _____ Last Name: _____

Mother's First Name: _____ Maiden Name: _____

Address: _____ City, State: _____

Home Phone: _____ E-mail address: _____

Father's Cell Phone: _____ Mother's Cell Phone: _____

FIRST CHILD:

Last Name: _____ First Name: _____

Date of Birth: _____ Religious Education Grade (1-8): _____

Church of Baptism: _____ Date of Baptism: _____

Church Address: _____ City, State, Zip: _____

SECOND CHILD:

Last Name: _____ First Name: _____

Date of Birth: _____ Religious Education Grade (1-8): _____

Church of Baptism: _____ Date of Baptism: _____

Church Address: _____ City, State, Zip: _____

THIRD CHILD:

Last Name: _____ First Name: _____

Date of Birth: _____ Religious Education Grade (1-8): _____

Church of Baptism: _____ Date of Baptism: _____

Church Address: _____ City, State, Zip: _____

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