

Due: June 10, 2024

**PSR REGISTRATION
2024 - 2025**

Please print using full Baptismal name

STUDENT INFORMATION

Student Name _____ Date of Birth _____

Address _____

Grade in School _____ Name of School _____

If student is new to the PSR program please complete Baptism and First Communion information.

Church of Baptism _____ Date of Baptism _____
(MUST be exact, complete date)

(Please include a copy of baptismal certificate if you are new to PSR at St. Mark and were baptized elsewhere)

Church of First Communion _____ Date of First Communion _____

Mother's Information

Mother's Name _____ Religion _____

Maiden _____

Address _____ Phone _____

City _____ Zip _____

Current Marital status: _____
Single Married Widowed Divorced

Email: _____

Continue on Back

Father's Information

Father's Name _____ Religion _____

Address _____ Phone _____

City _____ Zip _____

Current Marital status: _____
Single Married Widowed Divorced

Email: _____

Custodial Information

Custodian/Guardian _____ Religion _____
(if different than Mother or Father)

Address _____ Phone _____

City _____ Zip _____

Home Parish _____

Student lives with _____

Siblings

Name _____ Age _____ Date of Birth _____

Name _____ Age _____ Date of Birth _____

Name _____ Age _____ Date of Birth _____

Name _____ Age _____ Date of Birth _____

Please indicate any special needs for your child that we should be aware of, on the bottom of this form.

This form must be returned by June 10, 2024.