

St. Theresa

Catholic Church & Religious Education

Registration Form: Spirit of Truth High School

Student's Name _____ D.O.B _____ Grade _____

Student's Name _____ D.O.B _____ Grade _____

Parents' Name(s) _____

Address _____

E-mail _____ Phone # _____

Emergency contact _____ Phone # _____

Please list Sacraments received location and date

Baptism: _____ Date _____

Baptism: _____ Date _____

Reconciliation: _____ Date _____

Reconciliation: _____ Date _____

First Communion: _____ Date _____

First Communion: _____ Date _____

Confirmation: _____ Date _____

Confirmation: _____ Date _____

If the student(s) has any allergies or medical conditions please list below:

The registration fee is \$15 per student. If you are in need of assistance for this fee please notify Kimberly Alshahri.

