



JESUS, THE GOOD SHEPHERD PARISH

STUDENT REGISTRATION FORM

OFFICE USE:		SCHOOL YEAR:	
Family Name (Last): <input style="width: 95%;" type="text"/>			
Residence Address: <input style="width: 95%;" type="text"/>			
City, St. Zip Code: <input style="width: 95%;" type="text"/>			
Telephone # 1	<input style="width: 95%;" type="text"/>	Telephone # 2	<input style="width: 95%;" type="text"/>
Email Address # 1	<input style="width: 95%;" type="text"/>	Email Address # 2	<input style="width: 95%;" type="text"/>
Parent/Guardian/Head of Household Name: <i>(Last, First, Middle, Sr/Jr/III)</i>		Religion	
<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>	
<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>	
Student Name: <i>(Last, First, Middle, Jr/III)</i>	R. E. Grade	Place of Birth	Birth Date mm/dd/yyyy
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Health/Learning/Special Conditions – Student 1	<input style="width: 95%;" type="text"/>		
Health/Learning/Special Conditions – Student 2	<input style="width: 95%;" type="text"/>		
Health/Learning/Special Conditions – Student 3	<input style="width: 95%;" type="text"/>		
* Baptized Other:	Student: <input style="width: 95%;" type="text"/>	Other Denomination: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
* Baptized Other:	Student: <input style="width: 95%;" type="text"/>	Other Denomination: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>
* Baptized Other:	Student: <input style="width: 95%;" type="text"/>	Other Denomination: <input style="width: 95%;" type="text"/>	Date: <input style="width: 95%;" type="text"/>

Please attach / send copy of Baptismal Certificate for each Student)

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Parish of Registration if other than JTGS: Name/City, State	
Other Information:	

EMERGENCY CONTACTS

#1 Name (Last, First):			
Mailing Address:			
Address Line 2:			
City, St. Zip Code:			
Telephone		Relationship	
#2 Name (Last, First):			
Mailing Address:			
Address Line 2:			
City, St. Zip Code:			
Telephone		Relationship	

Promotional Release: I (do / do not) consent to the use of any video recordings and/or photographs in which my child may appear by the Diocese of Trenton and/or the Parish. I understand that these materials may be used for promotion of the Parish Religious Education Programs and/or activities, which may include recruitment and fundraising efforts.

Release Parent/Legal Guardian Signature:		Date:	
Registration Parent/Legal Guardian Signature:		Date:	

(The Religious Education Office will contact you for an in-person meeting prior to the start of classes.)