

*Our Lady of Good Counsel  
Parish School of Religion*

**2015/2015 Student Registration: Grades K — 8**

**STUDENT NAME:** \_\_\_\_\_  
(Last) (First) (Middle)

**FAMILY NAME & MAILING ADDRESS:** \_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Street Address) (City) (Zip Code)

**HOME PHONE:** \_\_\_\_\_ **CELL PHONE:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**FATHER'S NAME:** \_\_\_\_\_  
(First) (Last)

**MOTHER'S NAME:** \_\_\_\_\_  
(First) (Maiden) (Last)

**FATHER'S RELIGION:** \_\_\_\_\_ **MOTHER'S RELIGION:** \_\_\_\_\_

**GRADE SCHOOL OF STUDENT:** \_\_\_\_\_

**REGISTERED PARISHIONER WITH OUR LADY OF GOOD COUNSEL? (YES) (NO)**

**If no, where are you registered?** \_\_\_\_\_

**STUDENT DATE OF BIRTH:** \_\_\_\_\_

**STUDENT DATE/PLACE OF BAPTISM:** \_\_\_\_\_

**FIRST PENANCE (Date & Church):** \_\_\_\_\_

**FIRST COMMUNION (Date & Church):** \_\_\_\_\_

**(A copy of sacrament certificates must be supplied)**