



St. Columbkille Parish School of Religion

6740 Broadview Road
Parma, OH 44134

Re-Registration Form 2019-2020

Returning Children

Child's Name _____ Grade _____
(2019-2020)

Child's Name _____ Grade _____
(2019-2020)

Child's Name _____ Grade _____
(2019-2020)

Child's Name _____ Grade _____
(2019-2020)

Address _____

City and Zip _____

Home Phone _____

Email _____
(We communicate primarily by email. Please provide an accurate email address and check it often.)

Mother's Name _____ Mother's Cell _____

Father's Name _____ Father's Cell _____

Child(ren) live with:

___ Mother & Father

___ Mother Alone

___ Father Alone

___ Mother & Step/Adoptive Father

___ Father & Step/Adoptive Mother

___ Adoptive Parents

___ Other (Please Explain) _____

Special Considerations

Please list, on the back of this form, any information or special circumstances that would assist us in helping your child. Please include all accommodations your child receives in day school. Attach additional paper if necessary.

Office use only:	
CASH _____	Check # _____
Date _____	
Amount _____	