

Saint William of York Catholic Church
 3130 Jefferson Davis Highway
 Stafford, VA 22554
 540-659-5705 reoffice@swoycc.org
 Fr. Robert DeMartino, *Pastor*
 Deacon James Benisek, *Director of Religious Education*

NEW HOMESCHOOL STUDENT REGISTRATION FORM 2020-2021

STUDENT INFORMATION		
NAME: _____ Nickname: _____		
<input type="checkbox"/> Male Date of Birth: _____ Age: _____		
<input type="checkbox"/> Female Place of Birth: _____ Grade in School 2020-2021: _____	City _____ State _____	

SACRAMENT INFORMATION
A COPY of ALL SACRAMENTAL CERTIFICATES is REQUIRED at time of registration

Sacraments Received	Name of Church City, State	Certificate (FOR OFFICE USE ONLY)
Baptism <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> On File <input type="checkbox"/> Need Copy <input type="checkbox"/> SWOY (Book # _____, page _____)
Penance <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> On File <input type="checkbox"/> Need Copy <input type="checkbox"/> SWOY (Book # _____, page _____)
Eucharist <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> On File <input type="checkbox"/> Need Copy <input type="checkbox"/> SWOY (Book # _____, page _____)
Confirmation <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> On File <input type="checkbox"/> Need Copy <input type="checkbox"/> SWOY (Book # _____, page _____)

Any notes or information you think would be helpful for the Religious Education Office to know:
