

**Returning St. Patrick PSR Student  
2020-2021**

**Note: To be enrolled in our PSR program, families MUST BE REGISTERED members of our St. Patrick Parish.**

**Family Information** (PRINT)

Parent's Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Father's cell: \_\_\_\_\_ Mother's cell: \_\_\_\_\_

Primary Email address: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Student(s) Full Name ( First, Middle, Last)	Gender (M/F)	Grade (Fall, 2020)	In Class (X)	At Home (X)
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

**Student(s) Photo Release**

We understand that permission is required for our child(ren)'s photograph to be published in the St. Patrick weekly bulletin, website, or local papers should the occasion arise. This permission is given for the duration of our child(ren)'s education in the current school year.

\_\_\_ I grant permission

\_\_\_ I refuse permission

Parent/Guardian Signature: \_\_\_\_\_

**Volunteer Opportunities** (please check)

\_\_\_ Substitute Teacher

\_\_\_ Parking Lot duty

\_\_\_ Baking

**Tuition:    1 Student - \$50      2 Students - \$80      3+ Students - \$100**

**Please add \$35 for Grade 2 Sacramental year. Financial aid is available.**

**Tuition is due with registration. Please make checks payable to St. Patrick PSR.**

**Office Use Only:** Date Registration received: \_\_\_\_\_ Tuition Due: \_\_\_\_\_

Amount Received: \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_

Parishioner Status verified: \_\_\_\_\_

## Returning Student Information , 2020-2021

### Student #1

Student's Name (first, middle, last): \_\_\_\_\_ DOB: \_\_\_\_\_

Attended PSR last year? - **Yes** **No** St. Patrick \_\_\_\_\_ Other: \_\_\_\_\_

Current Public School: \_\_\_\_\_ Grade: \_\_\_\_\_

Student lives with:  Mother  Father  Stepmother  Stepfather  Other \_\_\_\_\_

Custodial issues: \_\_\_\_\_

Will attendance be irregular due to custodial arrangements:  Yes  No

Allergies, Medical conditions, Special needs (allergies, epilepsy, asthma, diabetes, heart problem, ADHD etc.):  
\_\_\_\_\_

### Student #2

Student's Name (first, middle, last): \_\_\_\_\_ DOB: \_\_\_\_\_

Attended PSR last year? - **Yes** **No** St. Patrick \_\_\_\_\_ Other: \_\_\_\_\_

Current Public School: \_\_\_\_\_ Grade: \_\_\_\_\_

Student lives with:  Mother  Father  Stepmother  Stepfather  Other \_\_\_\_\_

Custodial issues: \_\_\_\_\_

Will attendance be irregular due to custodial arrangements:  Yes  No

Allergies, Medical conditions, Special needs (allergies, epilepsy, asthma, diabetes, heart problem, ADHD etc.):  
\_\_\_\_\_

### Student #3

Student's Name (first, middle, last): \_\_\_\_\_ DOB: \_\_\_\_\_

Attended PSR last year? - **Yes** **No** St. Patrick \_\_\_\_\_ Other: \_\_\_\_\_

Current Public School: \_\_\_\_\_ Grade: \_\_\_\_\_

Student lives with:  Mother  Father  Stepmother  Stepfather  Other \_\_\_\_\_

Custodial issues: \_\_\_\_\_

Will attendance be irregular due to custodial arrangements:  Yes  No

Allergies, Medical conditions, Special needs (allergies, epilepsy, asthma, diabetes, heart problem, ADHD etc.):  
\_\_\_\_\_

### Family/Student(s) Emergency Information

Contact (other than parent): \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

In case of an accident or serious illness, I request the church to contact me. If the church is unable to reach me, I hereby authorize the church to call the physician indicated and to follow his/her instructions. If it is impossible to contact this physician, the church may take whatever arrangements seem necessary.

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Returning Student Information , 2020-2021

### Student #4

Student's Name (first, middle, last): \_\_\_\_\_ DOB: \_\_\_\_\_

Attended PSR last year? - **Yes** **No** St. Patrick \_\_\_\_\_ Other: \_\_\_\_\_

Current Public School: \_\_\_\_\_ Grade: \_\_\_\_\_

Student lives with:  Mother  Father  Stepmother  Stepfather  Other \_\_\_\_\_

Custodial issues: \_\_\_\_\_

Will attendance be irregular due to custodial arrangements:  Yes  No

Allergies, Medical conditions, Special needs (allergies, epilepsy, asthma, diabetes, heart problem, ADHD etc.):  
\_\_\_\_\_

### Student #5

Student's Name (first, middle, last): \_\_\_\_\_ DOB: \_\_\_\_\_

Attended PSR last year? - **Yes** **No** St. Patrick \_\_\_\_\_ Other: \_\_\_\_\_

Current Public School: \_\_\_\_\_ Grade: \_\_\_\_\_

Student lives with:  Mother  Father  Stepmother  Stepfather  Other \_\_\_\_\_

Custodial issues: \_\_\_\_\_

Will attendance be irregular due to custodial arrangements:  Yes  No

Allergies, Medical conditions, Special needs (allergies, epilepsy, asthma, diabetes, heart problem, ADHD etc.):  
\_\_\_\_\_

### Student #6

Student's Name (first, middle, last): \_\_\_\_\_ DOB: \_\_\_\_\_

Attended PSR last year? - **Yes** **No** St. Patrick \_\_\_\_\_ Other: \_\_\_\_\_

Current Public School: \_\_\_\_\_ Grade: \_\_\_\_\_

Student lives with:  Mother  Father  Stepmother  Stepfather  Other \_\_\_\_\_

Custodial issues: \_\_\_\_\_

Will attendance be irregular due to custodial arrangements:  Yes  No

Allergies, Medical conditions, Special needs (allergies, epilepsy, asthma, diabetes, heart problem, ADHD etc.):  
\_\_\_\_\_

### Family/Student(s) Emergency Information

Contact (other than parent): \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

In case of an accident or serious illness, I request the church to contact me. If the church is unable to reach me, I hereby authorize the church to call the physician indicated and to follow his/her instructions. If it is impossible to contact this physician, the church may take whatever arrangements seem necessary.

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_