



ST. MARGARET, QUEEN OF SCOTLAND  
PARISH SCHOOL OF RELIGION

REGISTRATION FORM  
2022 - 2023 SCHOOL YEAR

Church Office Use Only
Registration Fee Paid _____
Amount Paid _____
Date Paid _____

Are you a registered member of St. Margaret, Queen of Scotland? \_\_\_\_\_ YES \_\_\_\_\_ NO If no, in which parish do you belong? \_\_\_\_\_

We are happy to provide religious education for the children of all **registered** parishioners. If your family is **not registered**, a completed Parish registration form should accompany this form *or* a letter from your Parish stating your child/children has/have permission to attend PSR at St. Margaret. The Parish registration form is available on our website [www.stmargaretstthomas.com](http://www.stmargaretstthomas.com).

**FEEES: \$30.00 for first child and \$15.00 for each additional child. Tuition fees should accompany this form. Make checks payable to "St. Margaret Catholic Church."**  
**The registration form and tuition are due in the office by close of business on Friday, 12 August 2022 – no exceptions!**

STUDENT'S NAME (First, Middle & Last)	Birth Date	Gender M=Male F=Female	Baptized? Yes or No	If yes, at what church?***	First Communion? Yes or No	Confirmation? Yes or No	Current School Grade

The student(s) named above lives/live with (check one):  Both Parents  Mother only  Father only  Other \_\_\_\_\_  
Please indicate full name and relation to student(s).

\*\*\* If your child's **baptismal certificate** has not been provided in the past, a copy must accompany this form. If no record is received, you will be contacted to attain a copy of this certificate!

Father's Name: \_\_\_\_\_  
Last First Middle

Mailing Address: \_\_\_\_\_  
Street or P. O. Box City State Zip Code

Mother's Name: \_\_\_\_\_  
Last First Middle

Street Address: \_\_\_\_\_  
(if different than mailing) Street City State Zip Code

Home Phone No.: \_\_\_\_\_

Email Address: \_\_\_\_\_  
To be used only for transmitting messages related to PSR.

Father's Cell Phone No.: \_\_\_\_\_

**Please list any medical conditions, disabilities or allergies we should know about:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mother's Cell Phone No.: \_\_\_\_\_

I understand and appreciate that the registration/continuation of my child(ren) in the Parish School of Religion is contingent on my family's active participation at St. Margaret and I will set a good example in this respect to affirm and reinforce the religious education provided to my child(ren).

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