

**OFFICE OF RELIGIOUS EDUCATION  
7TH AND 8TH GRADE STUDENT REGISTRATION FORM 2009-2010**

Please complete one side of the Student Registration Form for each child enrolling in Grades 7 or 8. Attach this form to a completed Family Registration Packet available at [www.sttheresa-ashburn.com](http://www.sttheresa-ashburn.com)

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_ Parish ID No. \_\_\_\_\_  
 Student Name \_\_\_\_\_ Student Nickname \_\_\_\_\_ Age \_\_\_\_\_ Male Female  
 Birth Date \_\_\_\_\_ RE Grade (2009-2010) \_\_\_\_\_ Last RE Grade Attended \_\_\_\_\_ Where? \_\_\_\_\_

**SACRAMENTAL PROFILE**

All new students must submit a copy of their **Baptismal Certificate** (duplicates only; please do not send originals).  
 Canon Law requires proof of Baptism before Sacraments can be dispensed.

BAPTISM:	No	Yes	Date _____	at Saint Theresa Parish?	Yes	No
PENANCE:	No	Yes	Date _____	at Saint Theresa Parish?	Yes	No
HOLY COMMUNION:	No	Yes	Date _____	at Saint Theresa Parish?	Yes	No
CONFIRMATION:	No	Yes	Date _____	at Saint Theresa Parish?	Yes	No

**STUDENT RELIGIOUS EDUCATION FORMATION GRADE PROFILE**

Please check off each Religious Education Grade completed (not Academic Grade)

Grade 1:	No	Yes	At Saint Theresa Parish?	Yes	No	Where: _____
Grade 2:	No	Yes	At Saint Theresa Parish?	Yes	No	Where: _____
Grade 3:	No	Yes	At Saint Theresa Parish?	Yes	No	Where: _____
Grade 4:	No	Yes	At Saint Theresa Parish?	Yes	No	Where: _____
Grade 5:	No	Yes	At Saint Theresa Parish?	Yes	No	Where: _____
Grade 6:	No	Yes	At Saint Theresa Parish?	Yes	No	Where: _____
Grade 7:	No	Yes	At Saint Theresa Parish?	Yes	No	Where: _____
Grade 8:	No	Yes	At Saint Theresa Parish?	Yes	No	Where: _____

**STUDENT MEDICAL PROFILE**

Students enrolled in the RE Program must be able to carry and administer their own medical treatments.

Allergies to Allergens, Medicines, Foods, Other: \_\_\_\_\_  
 Other Medical Conditions: \_\_\_\_\_  
 Special Instructions: \_\_\_\_\_

**Epi-pen:** My child self-administers epi-pen. Someone whom I designate will be on-site to administer my child's epi-pen.

I understand and consent to this policy regarding epi-pen administration: \_\_\_\_\_ (Signature required)

**NON PARENT MEDICAL CONTACT INFORMATION**

In a medical emergency, **parents/legal guardians will be contacted first**. If parents/legal guardians are **not** available, this designated medical contact will have consent authority for medical treatments as necessary.

Medical Contact Name \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
 Phones: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_ Other \_\_\_\_\_  
 Address/City/State/Zip \_\_\_\_\_

**SESSION SCHEDULE CHOICE**

**Session 1: Monday, 4:30-5:45 pm:** Kinderg. & Gr. 1-8

**Session 2: Monday, 6:15-7:30 pm:** Gr. 1-8 [No Kinderg.]  
 and these Catch-Up Classes: MSP1: Gr. 3-6 MSP2: Gr. 7-8

**Session 3: Tuesday, 4:30-5:45 pm:** Presch 4 (4 by 9/30),  
 Kinderg. & Gr. 1-8

**Session 4: Wednesday, 4:30-5:45 pm:** Presch 4 (4 by 9/30),  
 Kinderg. & Gr. 1-8

**Session 5: Wednesday, 6:15-7:30 pm:** Kinderg. & Gr. 1-8,  
 High School Religion Class—Gr. 9-12 (separate form)

**Session 6: Thursday, 4:30-5:45 pm:** Kinderg. & Gr. 1-8

**STUDENT SCHEDULE PREFERENCES**

Application must include three schedule preferences to be processed!

First Choice: Session # \_\_\_\_\_ Second Choice: Session # \_\_\_\_\_ Third Choice: Session # \_\_\_\_\_

Subsequent requests to change your child's "Student Schedule Preferences" must be made in writing, with (1) original preferences requested; (2) new preferences desired; (3) the reason for the request. **Requests received after September 1 carry a change fee of \$25.00/child/change.**  
 Schedule change requests are not accepted after October 1.

**ADDITIONAL REMARKS**