



2023 – 2024 Special Education Registration

St. Jude Catholic Church

Student Name: _____

Parent/Guardian Name(s): _____, _____

Home Phone: _____ Cell or work phone: _____

Guardian's Address: _____ City: _____ Zip: _____

With whom does the student live? ☐ both parents together ☐ both parents but in separate homes

☐ mother ☐ father ☐ guardian: _____ ☐ group home: _____

Guardian email(s): _____, _____

Please include a valid, frequently checked email address.

Weekly classes are Tuesdays from 6:30 – 7:30 p.m. in the Lower Level of the Community Center.

☐ **Sacramental Preparation:** If your child is preparing to receive Sacraments, please attach a copy of the student's **Baptismal certificate** to this form even if baptized at St. Jude. You can obtain a copy of your child's St. Jude baptism by calling the Parish Office.

Student Information

Please indicate any medical concerns on the back of this page.

Has student received the following
sacraments?

First Name	Last Name	Sex	Birthdate	Catholic Baptism	Reconciliation	Communion	Confirmed	Grade in school if applicable

Payment must accompany this form. Your child will not be registered until payment is received. Please talk with Diane if you need to make multiple smaller payments.

Please complete the back side of this page – use a blank sheet for additional students.

Student's Name: _____ **Medical information we should be aware of:**

Learning disability or other information that would be helpful for our staff:

☐ I hereby grant consent and release to St. Jude Church to use photographs of my child for the church website, displays in church or other St. Jude buildings, and/or bulletin.

Parent/guardian signature: _____ Date: _____

Student's Name: _____ **Medical information we should be aware of:**

Learning disability or other information that would be helpful for our staff:

☐ I hereby grant consent and release to St. Jude Church to use photographs of my child for the church website, displays in church or other St. Jude buildings, and/or bulletin.

Parent/guardian signature: _____ Date: _____

Student's Name: _____ **Medical information we should be aware of:**

Learning disability or other information that would be helpful for our staff:

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Parent/guardian signature: _____ Date: _____