

Registration form for Currently Enrolled Students  
of  
St. Luke the Evangelist Catholic Church

Today's Date \_\_\_\_\_

Family Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_

If there was a change in employment, work phone or cell phone, please indicate below and for which parent the change applies.

Employment \_\_\_\_\_

Work Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_

I am interested in volunteering to be a:

\_\_\_ catechist      \_\_\_ aide      \_\_\_ grade

Indicate an emergency contact person

Name \_\_\_\_\_

Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

Student Name \_\_\_\_\_

Grade entering \_\_\_\_\_ Day of Class \_\_\_\_\_

School \_\_\_\_\_

Student Name \_\_\_\_\_

Grade entering \_\_\_\_\_ Day of Class \_\_\_\_\_

School \_\_\_\_\_

Student Name \_\_\_\_\_

Grade entering \_\_\_\_\_ Day of Class \_\_\_\_\_

School \_\_\_\_\_