



RELIGIOUS EDUCATION REGISTRATION

Diocese of Hamilton in Bermuda

Parish Church of Registration: _____

*If not registered please complete a Parish registration form.

STUDENT INFORMATION

Last Name: _____

☐ Male ☐ Female

First Name: _____ Middle Name(s): _____

Date of Birth: _____ M/D/Y Country of Birth: _____ Nationality: _____

Allergies: _____ Learning Disabilities: _____

Address: _____ Parish/Postal Code: _____

Name of school presently attending: _____ Year/Grade: _____

Church of Baptism: _____ Date of Baptism: _____ M/D/Y

Overseas Address of Church: _____

IF THE SACRAMENT OF BAPTISM WAS ADMINISTERED OVERSEAS
A COPY OF THE CERTIFICATE MUST BE SUBMITTED AS SOON AS POSSIBLE

PARENT INFORMATION

☐ Father's Name: _____ Tel: _____

Email: _____

☐ Mother's Name: _____ Maiden: _____

Email: _____ Tel: _____

PRIMARY CONTACT

The Primary contact will be receiving ALL correspondence through email or by phone for the student's religious education.
Please check the box next to the parent name or if different provide information below.

Name: _____ Relationship to student: _____

Email: _____ Tel: _____