



## 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: \_\_\_\_\_