

## ST. JOHN BREBEUF RELIGIOUS EDUCATION 2017/2018 - Polish Language (Saturday)

Family Name	Home Phone No
Address	City
State	Zip
Mother's Name	Occupation
Religion	Phone No
Father's Name	Occupation
Religion	Phone No
If divorced, who has custody of child(ren)	

**FILL IN INFORMATION. PUT "Date & Church Name" OR "NO" FOR SACRAMENTS BELOW**

Student's Name	Gender (F or M)	DOB (MM/DD/YY)	Name of school student(s) attends	Grade Fall 2017	Baptism	Reconciliation	Eucharist	Confirmation
E-mail Address:								

PLEASE INDICATE BELOW ANY ADDITIONAL INFORMATION WE NEED TO KNOW ABOUT YOUR CHILD/REN; FOR EXAMPLE, ANY LEARNING DISABILITIES, ALLERGIES, MEDICAL AND/OR BEHAVIORAL PROBLEMS, OR SPECIFIC WAY YOUR CHILD LEARNS BEST, ETC.

FOR SJB OFFICE USE ONLY		FOR NCSPL OFFICE USE ONLY	
SJB Church Envelope #		Payment Amount/ Rep Initials	
Tuition Payments		Cash/Check #	
1 - \$160	2 - \$210	3 or more - \$250	