

Tuition Fee \$40.00 per child

Cash \_\_\_\_\_ Amount \_\_\_\_\_  
Check # \_\_\_\_\_ Amount \_\_\_\_\_  
Received by \_\_\_\_\_ Date \_\_\_\_\_

**Our Lady of Victory National Shrine  
Religious Education  
2760 SOUTH PARK AVENUE  
LACKAWANNA, NY 14218  
828-9437  
NEW STUDENT REGISTRATION FORM**

STUDENT NAME \_\_\_\_\_ PHONE NO. \_\_\_\_\_  
Last First Middle

ADDRESS \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
Street City State

DATE OF BIRTH: \_\_\_\_\_ {Circle One} Male Female

FATHER'S NAME: \_\_\_\_\_ RELIGION: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_ RELIGION: \_\_\_\_\_  
Maiden Name: \_\_\_\_\_

Title for mailing: Mr.&Mrs. Mr. Mrs. Ms. Miss  
Marital status: Married Single Widowed Separated Divorced (complete next)  
Custodial Parent: \_\_\_\_\_

Are you a registered member of Our Lady of Victory Parish? \_\_\_\_\_  
Name of school & grade your child is attending in September:

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Grade 1-9 Rel Ed: \_\_\_\_\_

**SACRAMENTS RECEIVED:** (Please enclose a copy of each if not at OLV)  
Parish, City & date of Baptism: \_\_\_\_\_  
Parish, City & date of Penance: \_\_\_\_\_  
Parish, City & date of Eucharist: \_\_\_\_\_

**EMERGENCY CONTACT PERSON / TELEPHONE NUMBERS:**  
Relative/Friend \_\_\_\_\_  
Mother's Cell/work \_\_\_\_\_  
Father's Cell/work \_\_\_\_\_  
Email \_\_\_\_\_

**SACRAMENT FEE (Additional)**  
(Gr. 2) Reconciliation - \$20.00 per child  
(Gr. 3) Eucharist - \$40.00 per child  
(Gr.10) Confirmation - \$80.00 per child

Please inform us of any medical or learning problems that may bear on the student's learning or behavior.  
(Ex: allergies, reading problems, ADD, etc.) This will be kept confidential. Thank you.