

Student Name _____

Address _____

Telephone _____ Parish _____

Do you currently have any children attending either PCES or PCHS? _____ YES _____ NO

	Father (Last Name)	Mother (Maiden Name)
	(First Name) (Middle)	(First Name) (Middle)
Occupation		
Place of Employment		
Business Phone		
Birthplace		
Education		
Date of Birth		
Religion		
Marital Status		

Student Lives With _____
(State How Related)

PARKERSBURG CATHOLIC ELEMENTARY SCHOOL
810 Juliana Street
Parkersburg, WV 26101 (304) 422-6694

Student S S # _____

Birth Date _____

Place of Birth _____

Sex: M _____ F _____

FOR OFFICE USE ONLY
Date Registration Received: _____
Fee Amount Enclosed: _____

Grade Entering _____

School Last Attended _____

Public School Your Child Would Attend _____

Sacrament	Mo/Day/Yr	Church and Location
Baptism		
First Reconciliation		
First Communion		

Email address: _____

Registration Fee: \$100.00
This fee is nonrefundable