

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)
	S.S. # _____	S.S. # _____
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 \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>
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.

