

St. Richard Parish
Religious Education Program
GRADE TEN

Student's Name: _____ Birthdate: _____

Parent/Guardian father: _____ father cell: _____

Parent/Guardian mother: _____ mother cell: _____

Mother's Maiden name: _____

Home Address: _____ home number: _____

City, state, zip code: _____

Email: _____

Any special instructions regarding the student, such as allergies or special education needs:

Baptismal Date: _____ Church/city: _____

I would love to VOLUNTEER my services as a

TEACHER: _____ MONITOR: _____ SUBSTITUTE: _____

Permission is needed in the event a photo is taken as your child is engaged in a religious education class or parish activity/event.

_____ YES photos may be taken _____ NO photos may not be taken

AMOUNT: \$125

Mailing address:
Notre Dame Center
20 Otis Street
Danvers, MA 01923
RE: St. Richard Religious Ed