



2024-2025 PRE Student Registration

Class _____
Sacrament Prep _____ BC _____

****FILL OUT ONE STUDENT FORM PER CHILD****

STUDENT INFORMATION

First Name: _____ Last Name: _____ Goes by: _____

Current Grade: _____ Name of School: _____

Date of Birth: _____ Gender: _____

Please circle each grade level of Religious Education the student has completed: (PRE or Catholic School)

K 1 2 3 4 5 6 7 8

STUDENT HEALTH AND WELLNESS INFORMATION

Please list any health conditions that you feel are important for us to know about your child (allergy, etc.):

Please list any special needs or learning differences of which you feel we should be aware (ADD, ADHD, Autism, Asperger's, Dyslexia, Hearing Impairment, Visual Impairment, etc.).

SACRAMENT INFORMATION

****Baptismal Certificate IS REQUIRED for a Sacramental Year****

Baptism YES NO

Date Received (at least month/Year): _____ Received at St. William? YES

First Reconciliation YES NO

Grade or Year Received: _____ Received at St. William? YES

First Eucharist YES NO

Grade or Year Received: _____ Received at St. William? YES

Confirmation YES NO

Grade or Year Received: _____ Received at St. William? YES