

**PERMANENT RECORD CARD
PARISH SCHOOL OF RELIGION
ARCHDIOCESE OF ST. LOUIS**

* Address mail to:

* _____
* _____
* _____
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* _____
* Change of address:
* _____
* _____
* _____
* _____
* _____
* * * * *

Name _____
Last First Middle
Birth _____
City State Month/Day/Year
Student SSN _____ Phone _____
Parish registered in _____

Public School(s) attended _____
Elementary Middle High School

Father _____
Last First Phone: Home Cell Work Religion
Living/Deceased? Married/Separated/Divorced/Widowed/Remarried? (Name of Spouse)

Mother _____
Last First Phone: Home Cell Work Religion
Living/Deceased? Married/Separated/Divorced/Widowed/Remarried? (Name of Spouse)

Name of Parent(s)/Guardian with physical/legal custody _____ Custody report on file? _____

Guardian (if not parent) _____
Last First Phone: Home Cell Work

Relationship (if guardian) _____ Religion _____

Name of Student _____ Parish School of Religion _____

	Year	Days Absent	Times Tardy	Understanding of Material	Attention & Participation	Assignments	Behavior	Teacher
Pre-K								
K								
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								

Code: VG = Very Good S = Satisfactory NI = Needs Improvement

SACRAMENTAL DATA	Date	Parish	City	Certificate seen by:
Baptism				
First Penance				
First Communion				
Confirmation				

Date of Graduation from PSR _____ OR Transferred to: _____
Parish Date

