



# Reverend George A. Brown Memorial School

## FAMILY INFORMATION FORM

**Family Name** \_\_\_\_\_

**Father's Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City/Zip** \_\_\_\_\_

**Home Telephone #** \_\_\_\_\_

**Cell Phone #** \_\_\_\_\_

**Mailing Address (if different from above)** \_\_\_\_\_

\_\_\_\_\_

**Mother's Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City/Zip** \_\_\_\_\_

**Home Telephone #** \_\_\_\_\_

**Cell Phone #** \_\_\_\_\_

**Mailing Address (if different from above)** \_\_\_\_\_

\_\_\_\_\_

**Name of child/children registering at Rev. Brown /Grade (September 2017):**

**NAME**

**GRADE**

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\_\_\_\_\_

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**In what parish are you a registered member?** \_\_\_\_\_