

# OUR LADY OF MERCY CATHOLIC CHURCH

322 S. VERMONT - MERCEDES, TEXAS  
(956) 565-1141/565-1640 FAX/514-5138 pcl-mercedes@cdob.org

## STUDENT PERMANENT RECORD

**Date of Registration** \_\_\_\_\_ **Receipt #** \_\_\_\_\_  cash  check  
Paid w/Credit Card

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ SEX: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
 HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

### SACRAMENT NOTATIONS

BAPTISM: \_\_\_\_\_ (Church)  
 \_\_\_\_\_ (City, State)  
 \_\_\_\_\_ (Date)

1<sup>ST</sup> COMMUNION \_\_\_\_\_ (Church)  
 \_\_\_\_\_ (City, State)  
 \_\_\_\_\_ (Date)

CONFIRMATION \_\_\_\_\_ (Church)  
 \_\_\_\_\_ (City, State)  
 \_\_\_\_\_ (Date)

### PARENT/GUARDIAN INFORMATION

FATHER'S NAME: \_\_\_\_\_  
 RELIGION: \_\_\_\_\_

MOTHER'S NAME (MAIDEN): \_\_\_\_\_  
 RELIGION: \_\_\_\_\_

Legal Guardian: \_\_\_\_\_

### ATTENDANCE RECORD

| CATECHETICAL YEAR | GRADE LEVEL              | Total Present | Total Absent | TOTAL # of Classes | Catechist (s) |
|-------------------|--------------------------|---------------|--------------|--------------------|---------------|
|                   | 1 <sup>st</sup>          |               |              |                    |               |
|                   | 2 <sup>nd</sup>          |               |              |                    |               |
|                   | 3 <sup>rd</sup> /F.C.    |               |              |                    |               |
|                   | 4 <sup>th</sup>          |               |              |                    |               |
|                   | 5 <sup>th</sup>          |               |              |                    |               |
|                   | 6 <sup>th</sup>          |               |              |                    |               |
|                   | 7 <sup>th</sup>          |               |              |                    |               |
|                   | 8 <sup>th</sup>          |               |              |                    |               |
|                   | 9 <sup>th</sup> /Conf.1  |               |              |                    |               |
|                   | 10 <sup>th</sup> /Conf.2 |               |              |                    |               |
|                   | 11 <sup>th</sup>         |               |              |                    |               |
|                   | 12 <sup>th</sup>         |               |              |                    |               |

### OTHER FORMS IN FILE

Please review the following: \_\_\_\_\_ Medical Form (2019-20)

Permission to up pick up your child:

Name: \_\_\_\_\_ Phone: (956) \_\_\_\_\_ Relation: \_\_\_\_\_  
 Name: \_\_\_\_\_ Phone: (956) \_\_\_\_\_ Relation: \_\_\_\_\_  
 Name: \_\_\_\_\_ Phone: (956) \_\_\_\_\_ Relation: \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Parish Catechetical Leader