



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 2018):

NAME

GRADE

In what parish are you a registered member? _____