



CHURCH OF THE SACRED HEART OF JESUS
Chapel of Our Lady of Good Health
152, Jalan Peel, 55100 Kuala Lumpur
 Tel: 03-9284 9973 Email: sacredheartkl@archkl.org

CATECHETICAL MINISTRY
STUDENT REGISTRATION FORM

A. PERSONAL PARTICULARS

1. Name of Student (as per I/C): Std/Form:
2. Date of Birth: 3. Date of Admission: (For New Students)
4. I/C No: 5. B/C No: (If no I/C)
6. Address:
7. Language: ENGLISH MANDARIN TAMIL

B. SACRAMENTS RECEIVED:

Sacraments	Yes	No	If Yes
Baptism			Date: Church:
1 st Holy Communion			Date: Church:
Have attended Catechism before?			Date: Church:

C. PARENTS' PARTICULARS

1. Father's Name: Religion:
2. Mother's Name: Religion:
3. Address:
 Email Contact:
4. Mobile No: Father - Mother -
5. Name of BEC: Name of BEC Coordinator:
6. Does your child suffer from any ailments that need special attention? If so, kindly indicate.

Parents/Guardian's Signature

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Please attach copies of Baptism and 1st Holy Communion certificates together with form. If you have transferred from another Parish, kindly attach Letter of Transfer from the former Parish Priest / Approval Letter from the present Parish Priest)