UPPER ROOM High School Registration, 2025-26

Registration fee

\$25 per high school student

Check payable to St. Peter Cathedral at 311 W. Baraga Ave., Marquette, MI 49855

You may drop it at the office or turn in at collection in church by Sept 21st.

| Father's name | home phone | cell | | | | | | | | | |
|--|------------|-------|---|--|--|--|--|---|------------------------------|---------------------|---|
| Mother's name | home phone | cell | | | | | | | | | |
| Address | | | | | | | | | | | |
| Parent E-mail address | | | | | | | | | | | |
| Student E-mail address Emergency contact name and phone number Please list any information about your student that will help us better serve them. | | | | | | | | | | | |
| | | | | | | | | Please list any medical conditions that | we should be aware of, inclu | ding food allergies | _ |
| | | | | | | | | Student's name | | Oate of birth | |
| Student cell phone number used for GROUP ME APP for class communication (scan the QR code enclosed in envelope!) | | | | | | | | | | | |
| School student attends | | grade | _ | | | | | | | | |
| Date & parish of Baptism | | | | | | | | | | | |
| Date & parish of First Eucharist | | | | | | | | | | | |
| Is student confirmed? | | | | | | | | | | | |
| If yes, at what parish? | | date | | | | | | | | | |