



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/Grade of child/children attending Reverend Brown in September 2024:

NAME	GRADE
_____	_____
_____	_____
_____	_____
_____	_____

In what parish are you a registered member? _____