

SOUTHERN BAPTIST CHURCH GRADUATE REGISTRATION FORM

Name: _____

Parent's Name: _____

Address: _____

Telephone Number: _____

School: _____

Grade Level Graduating From (Please check one)

Pre-K _____

Kindergarten _____

Elementary _____

Middle School _____

High School _____

College _____ Please state degree receiving _____

School Participation: _____

Awards Received: _____

Future Plans: _____

Church Participation: _____

Note: Proof of graduation may be required. Must be a member; any questions or concerns please see Sis. Cheryl Bradley or call our church office 410 732-8566.