

ST. MICHAEL RELIGIOUS EDUCATION STUDENT INFORMATION

STUDENT:

Last Name

First Name

Date of Birth

Street Address

City

Zip

Home Phone

Parish

FATHER/GUARDIAN:

Last Name

First Name

Religion

Place of Employment

Work Phone

MOTHER/GUARDIAN:

Last Name

Maiden Name

First Name

Religion

Place of Employment

Work Phone

Do both parents reside in the same household with the child? _____

Other Address: _____ Phone: _____

Special needs or medical conditions:

STUDENT'S SACRAMENTAL HISTORY:

Baptized: YES NO

Date of Baptism: _____

Place of Baptism _____

Religion _____

1st Communion: YES NO

1st Reconciliation: YES NO

Confirmation: YES NO

IMPORTANT: If your child was not Baptized at St. Michael, please submit the original Baptismal certificate. It will be returned promptly.

STUDENT'S RELIGIOUS EDUCATION HISTORY:

Most recent parish program attended: _____
Name City, State

Reason for leaving:

Parent Signature

Date