Parish Envelope number: _____ Family Last Name _____

RELIGIOUS EDUCATION STUDENT INFORMATION FORM

Student's Name: _____ Age: _____

School: _____Grade: _____

Address: _____

_____

Home Phone: _____ Cell Phone: _____

Date and Place of Birth: _____

Place of Baptism & Approximate Year: _____

_____

Sacraments already Received: ( ) Baptism ( ) First Communion: ( ) Confirmation

Father's Name: _____

Father's Address: _____

If different than child

Father's Best Phone: _____ ( ) Can Receive Text

Father's Religion: _____ email_____

Mother's Name: _____ Maiden Name: _____

Mother's Address _____

If different than child

Mother's Contact Information Phone: _____( ) Can Receive Text

Mother's Religion: _____ email_____

(If neither mother nor father are primary contact, please list primary contact below – If Mother or Father are primary, leave blank)

Name: _____

Address: _____

If different than child

Best Phone: _____ ( ) Can Receive Text

Religion: _____ Relation to Child _____

Who should we call first ( ) Mother ( ) Father ( ) Other

Emergency Contact:_____ Phone:_____

If parents are not available Relation _____

FOR OFFICE USE ONLY:

( ) Record Verified ( ) Needs Registration