

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