2010-2011 FAITH FORMATION STUDENT INFORMATION FORM

Today's Date: _____

Student Name: _____ ID/Envelope Number: _____
First Last

Family Name: _____ Family Phone: _____

Street Address: _____ Email Address: _____

_____

Gender: M F Date of Birth: _____/_____/_____ Religion: _____

Last completed Faith Formation grade level: _____ at _____
Church

Health Problems: _____

Other Languages Spoken: _____

Parent / Guardian Information

Name: _____ Relationship: _____

Marital Status: _____

Name: _____ Relationship: _____

Marital Status: _____

Child's Sacramental Information

Sacrament	Status		Date	Where
Baptism	Yes	No	____/____/____	Church: _____
Penance	Yes	No	____/____/____	Church: _____
First Comm.	Yes	No	____/____/____	Church: _____
Confirmation	Yes	No	____/____/____	Church: _____

Emergency Contact Information

Emergency Contact Name: _____ Relationship: _____

Emergency Contact Phone: _____