



# CONFIRMATION REGISTRATION

2017-2018

Student Name \_\_\_\_\_  
Last First Middle

Birth date \_\_\_\_\_ Grade \_\_\_\_\_

Year in Confirmation (circle one) 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup>

Student Address \_\_\_\_\_  
Street City Zip

Student telephone # \_\_\_\_\_

Student E-Mail Address \_\_\_\_\_

Parent Name(s) \_\_\_\_\_  
Last First Middle

Parent Address (if different from student) \_\_\_\_\_  
Street City Zip

Parent telephone # (if different from student) \_\_\_\_\_

Parent's E-mail Address (if different from student) \_\_\_\_\_

Has your student been baptized \_\_\_\_\_ . Date \_\_\_\_\_

Has your student attended Early Communion Classes? \_\_\_\_\_ Year \_\_\_\_\_

Special needs that your student has that we should be aware of:

Health Needs \_\_\_\_\_  
\_\_\_\_\_

Learning Needs \_\_\_\_\_  
\_\_\_\_\_

Confirmation students are required asked to acolyte as part of their confirmation experience.  
Please circle the service you prefer your child to acolyte at (circle one) 8:45 am 11:00 am