

# ***Student Information***

**Student:**  
**LAST NAME:** \_\_\_\_\_

**FIRST NAME:** \_\_\_\_\_

**MIDDLE NAME:** \_\_\_\_\_

Birth Date: \_\_\_\_\_

Grade (in Sept): \_\_\_\_\_

Current School: \_\_\_\_\_

Has your child been Baptized?            Yes    No (circle one)

Place of Baptism? \_\_\_\_\_

Date of Baptism? \_\_\_\_\_

**(MUST) Submit BAPTISM RECORD AT SIGN UP**

Will student receive First Eucharist this year?    Yes    No

Will student receive Confirmation this year?    Yes    No

Place & Date of First Eucharist? \_\_\_\_\_

**Medical Information:**  
**Any known learning disabilities?** \_\_\_\_\_

**Any known allergies/disabilities?** \_\_\_\_\_

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**(MUST) SUBMIT COPY OF BAPTISM RECORD AT SIGN UP**

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