



CONFIRMATION REGISTRATION

2008-2009

Please fill out the form below and BRING IT WITH YOU to Orientation

Student Name _____

Birthdate _____ Grade _____

Year in Confirmation (circle one) 1st 2nd 3rd

Student Address _____

Student telephone # _____

Student E-Mail Address _____

Parent Name(s) _____

Parent Address _____
(if different from student)

Parent telephone # _____
(if different from student)

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

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

Health Needs _____

Learning Needs _____

Confirmation students are asked to acolyte as part of their confirmation experience. A schedule will be made out and sent to parents. Please indicate which service you prefer your child to acolyte at (circle one) 7:30 am 8:30 am 11:00 am

We try to place students in a team with at least one other person that they choose. Please list below the names (first and last) of 3 students you would like in your group.

1. _____ 2. _____ 3. _____