



New Student RELIGION Form

Baptismal Certificate required (PLEASE ATTACH)

STUDENT NAME: First: _____ Middle: _____ Last: _____

SCHOOL GRADE: _____

BOY GIRL

PRIOR RELIGIOUS EDUCATION (IF ANY):

Last Grade Completed: _____ Church: _____
 _____ City/State: _____

MAILING INFORMATION: *Please complete for Parent/Guardian*

MAILING NAME: _____ HOME PHONE: _____

MAILING ADDRESS: _____ MOTHER CELL: _____

FATHER CELL: _____

PRIMARY EMAIL: _____ SECONDARY EMAIL: _____

PARISH REGISTRATION: St. Ignatius Other: _____

BIRTH FATHER: _____
First Middle Last

FATHER'S RELIGION: _____

BIRTH MOTHER: _____
First Middle Maiden Name

MOTHER'S RELIGION: _____

PERSON RESPONSIBLE FOR RELIGIOUS EDUCATION (IF NOT PARENT/GUARDIAN):

Name: _____ Relationship: _____ Contact Number: _____

Are Sacraments desired? _____ **STUDENT SACRAMENTAL INFORMATION:**

DATE OF BIRTH: _____ PLACE OF BIRTH (CITY/STATE): _____

	DATE RECEIVED	CHURCH	CITY / STATE
Baptism			
Penance			
Communion			
Confirmation			