

**MOST HOLY TRINITY PARISH SCHOOL OF RELIGION
CONFIRMATION REGISTRATION**

PLEASE PRINT CLEARLY

STUDENT INFORMATION:

NAME _____
LAST FIRST MIDDLE

HOME ADDRESS _____
STREET CITY ZIP

DATE OF BIRTH / / PLACE OF BIRTH _____

DATE OF BAPTISM / / PLACE OF BAPTISM _____

SCHOOL ATTENDING AND GRADE _____

CHURCH WHERE FIRST COMMUNION RECEIVED _____

SCHOOLS/PARISHES OF PREVIOUS RELIGIOUS INSTRUCTION (include grades attending):

List any medical concerns (allergies, etc.) or special needs:

FAMILY INFORMATION

FATHER _____ RELIGION _____
LAST FIRST MIDDLE

MOTHER _____ RELIGION _____
LAST FIRST MAIDEN

Parent email(s): _____

Father's Phone #s: _____ (Circle one: Home Cell Work Other)

_____ (Circle one: Home Cell Work Other)

Mother's phone #s: _____ (Circle one: Home Cell Work Other)

_____ (Circle one: Home Cell Work Other)

Emergency Contact:

Name/Phone _____ (Circle one: Home Cell Work Other)

Are you currently registered at Most Holy Trinity? Yes _____ No _____

COPY OF BAPTISMAL CERTIFICATE REQUIRED

Date Received: _____

Fee Paid: (\$25) _____