

KN thru CONFIRMATION

2020/2021

Grade in School 20/21	_____
F/F Class	20/21 _____

**ST. STEPHEN FAITH FORMATION
STUDENT INFORMATION FORM**

Please Print Clearly

Today's Date: _____

STUDENT'S FULL LEGAL NAME: _____
(Last) (First) (Middle)

ADDRESS: _____
(Street) (City) (Zip)

If Parent/Guardian has a different surname, how should we address your mail?

HOME PHONE: _____ EMERGENCY PHONE: _____

FATHER'S E-MAIL: _____ MOTHER'S E-MAIL: _____

STUDENT'S DATE OF BIRTH: _____ PLACE OF BIRTH: _____
(Mo/Day/Yr) (City) (State)

If your child has special needs or a learning disability, please describe (include requested accommodations):

BIRTH FATHER'S FULL NAME: _____ RELIGION: _____

OCCUPATION _____

BIRTH MOTHER'S FULL NAME: _____ RELIGION: _____
(INCLUDE MAIDEN NAME)

OCCUPATION _____

STEP PARENT/LEGAL GUARDIAN FULL NAMES: _____

NAME & AGE of STUDENT'S SIBLINGS: _____

*****SACRAMENTS RECEIVED*****

BAPTISM: YES / NO If yes, Date _____ Mo. _____ Day _____ Yr.

Is your child baptized Catholic? _____ ***Was your child baptized here at St. Stephen?*** _____

1st RECONCILIATION: YES / NO If yes, Date _____ Mo. _____ Day _____ Yr.

1st EUCHARIST: YES / NO If yes, Date _____ Mo. _____ Day _____ Yr.

CONFIRMATION: YES / NO If yes, Date _____ Mo. _____ Day _____ Yr.

HAS STUDENT ATTENDED A CATHOLIC FAITH FORMATION PROGRAM BEFORE? _____

IF YES, LAST GRADE COMPLETED: _____ NAME OF PARISH _____

Should your family incur any changes to your address, phone numbers, &/or e-mail addresses please inform the Office of Faith Formation. It is extremely important to keep our records accurate with current information. Thank you!