

Confirmation Student Information Sheet

Student's Name _____ Student's Birthday _____

Parent's Name(s) _____ Student's Baptism Bday _____

Student's Address _____

(No.)

(Street)

(Apt.)

(City)

(State)

(Zip)

Student's home phone _____ parent's contact number _____

Emergency contact person _____ Contact phone number _____

Student e-mail _____ Parent e-mail _____

In the space below please provide any information that might be helpful for the pastor/teacher (such as learning disabilities, food allergies for special occasions, and any other health concerns that would impact learning):

Please let me know any special interests the student may have and list his/her cell phone number below.

Parent Signature _____

Student Signature _____