

1. Student's Name	* Check Sacraments received. Include	<input type="radio"/> Baptism (Church)	<input type="radio"/> Penance (Church)
Last Name:	name of church, city/state & date	City/State:	City/State:
<input type="checkbox"/> First Name or Nick Name	if known	<input type="radio"/> Confirmation (Church)	<input type="radio"/> Communion (Church)
Age: _____			
	Date of birth	City/State:	City/State:
Attends which Public School? <input type="checkbox"/>	Student's Grade:	<input type="radio"/> ON FILE	_____ Home Schooling
2. Student's Name	* Check Sacraments received. Include	<input type="radio"/> Baptism (Church)	<input type="radio"/> Penance (Church)
Last Name:	name of church, city/state & date	City/State:	City/State:
<input type="checkbox"/> First Name or Nick Name	if known	<input type="radio"/> Confirmation (Church)	<input type="radio"/> Communion (Church)
Age: _____			
	Date of birth ____/____/____	City/State:	City/State:
Attends which Public School? <input type="checkbox"/>	Student's Grade: _____	<input type="radio"/> ON FILE	_____ Home Schooling
3. Student's Name	* Check Sacraments received. Include	<input type="radio"/> Baptism (Church)	<input type="radio"/> Penance (Church)
Last Name:	name of church, city/state & date	City/State:	City/State:
<input type="checkbox"/> First Name or Nick Name:	if known	<input type="radio"/> Confirmation (Church)	<input type="radio"/> Communion (Church)
Age: _____			
	Date of birth ____/____/____	City/State:	City/State:
Attends which Public School? <input type="checkbox"/>	Student's Grade: _____	<input type="radio"/> ON FILE	_____ Home Schooling
4. Student's Name	* Check Sacraments received. Include	<input type="radio"/> Baptism (Church)	<input type="radio"/> Penance (Church)
Last Name:	name of church, city/state & date	City/State:	City/State:
<input type="checkbox"/> First Name or Nick Name	if known	<input type="radio"/> Confirmation (Church)	<input type="radio"/> Communion (Church)
Age: _____			
Attends which Public School? <input type="checkbox"/>	Date of birth ____/____/____	City/State:	City/State:
	Student's Grade: _____	<input type="checkbox"/> ON FILE	_____ Home Schooling