



Faith Formation Religious Education/Sacraments INDIVIDUAL STUDENT RECORD FORM

1807 Bedford St, Rome, NY 13440

(rev. 8-2009)

Please print all information clearly.

Child's Name: _____
(Last) (First) (Middle)

Family Last Name (if different than children): _____

Student Date of Birth: _____ Place of Birth: _____ Gender: _____

Father's Name: _____ Religion: _____

Mother's Maiden Name: _____ Religion: _____

Legal Guardian Name: _____ Religion: _____

Step-Parent Name: _____ Religion: _____

Medical Condition, Learning or Special Needs: _____

Please list life-threatening allergies, such as bee-stings, food allergies, medications, etc.

Please list any learning difficulties, situations, fears or special needs your child may have in a class or group setting. Please use reverse to give details or explain.

Has student attended religious education classes in the past? _____ If yes, where? _____

Check all Sacraments your child **has received** and fill in date, church and address of church if known:

	<u>Date</u>	<u>Church</u>	<u>Church Address (City, State)</u>
<input type="checkbox"/> Baptism	_____	_____	_____
<input type="checkbox"/> Penance	_____	_____	_____
<input type="checkbox"/> Eucharist	_____	_____	_____
<input type="checkbox"/> Confirmation	_____	_____	_____

Please attach a copy of your child's Baptismal certificate. (Not necessary if your child was baptized here at St. Paul's.) If your child has not yet been baptized, please write "Not Yet" on Baptism line above.

Please return this form to St. Paul's Faith Formation at the address above.