**STUDENT INFORMATION FORM**

**Name of Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Grade:** 2nd Grade

Please note any health conditions (diabetic, asthma, allergies, etc.)

**Father’s Name**:

Work Phone Number:

Cell Phone Number

**Mother’s Name**:

Work Phone Number:

Cell Phone Number:

**Sacraments Questionare:**

Please circle **Yes** or **No** to the following questions:

|  |  |  |
| --- | --- | --- |
| 1. Is your child baptized in the Catholic Church? If **yes**, please skip question 2 and move onto to question 3. If **no**, please answer question 2 and 3.
 | **Yes** | **No** |
| 1. Would you like to have your child baptized in the Catholic Church this year?
 | **Yes** | **No** |
| 1. Would you like your child to receive the Sacraments of Reconciliation and Holy Communion this year?
 | **Yes** | **No** |