

Student – Information Form– submit one per student

Student's name: _____ Date of Birth: _____

Grade: _____

If your child did not receive the Sacraments at St. David the King we need the following.
Sacramental & Religious Education Records

	Date	Church	Location
Baptism *	_____	_____	_____
First Reconciliation	_____	_____	_____
First Eucharist	_____	_____	_____
Confirmation	_____	_____	_____

*Other: Baptized in another denomination Profession of Faith
 Full Initiation (Baptized after age 7)

Date: _____ Parish: _____
Address: _____
City: _____ State: _____ Zip: _____

** Please attach the original Baptismal Certificate if not from this Parish.*

School attended last year for Religious Education other than Saint David the King Parish:
Name: _____
Town: _____

Does your child have special learning needs?
Learning Disability – Classification: _____
Please explain:

If your child has any medical conditions (allergies, etc.) please explain:

Are there any other special instructions? (i.e. dismissal, transportation, etc.)

Are there any custodial issues? If yes, please explain: _____

