

OUR SAVIOR'S LUTHERAN CHURCH
CONFIRMATION INFORMATION
(for church records only)

STUDENT INFO:

Student's Name _____

Address _____

Phone _____ Cell Phone _____ E-mail _____

Birth date _____ Age/Grade in School _____

School Attending _____ Are you on Facebook? ___ yes ___ no

PARENT INFO:

Parents/Guardians Name _____

Address (if different than students) _____

Home Phone _____ Cell Phone _____ E-mail _____

Are you on Facebook? ___ yes ___ no

Emergency Contact:

Name _____ Phone _____

Is your child baptized? _____ When/where if not Our Savior's? _____

Parent(s) member of Our Savior's? _____

Is your child communing? _____ Year of First Communion _____

Please list any health concerns or needs for your child (i.e., allergies, restrictions to activities, regular medications, etc.)

Please share any information about your child's learning style and/or personality that would help our staff in working with him/her.

PLEASE COMPLETE AND TURN IN THIS FORM BEFORE YOU LEAVE.