

ST. STEPHEN RELIGIOUS EDUCATION  
STUDENT INFORMATION FORM

Grade in School 11/12 \_\_\_\_\_

R/E Class 11/12 \_\_\_\_\_

*Please Print Clearly*

Today's Date: \_\_\_\_\_

STUDENT'S FULL LEGAL NAME: \_\_\_\_\_  
(Last) (First) (Middle)

ADDRESS: \_\_\_\_\_  
(Street) (City) (Zip)

*If Parent/Guardian has a different surname, how should we address your mail?*

HOME PHONE: \_\_\_\_\_ EMERGENCY PHONE: \_\_\_\_\_

PARENT'S E-MAIL: \_\_\_\_\_

STUDENT'S DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_  
(Mo/Day/Yr) (City) (State)

**If your child has special needs or a learning disability, please describe:**

BIRTH FATHER'S FULL NAME: \_\_\_\_\_ RELIGION: \_\_\_\_\_

OCCUPATION \_\_\_\_\_

BIRTH MOTHER'S FULL NAME: \_\_\_\_\_ RELIGION: \_\_\_\_\_  
(INCLUDE MAIDEN NAME)

OCCUPATION \_\_\_\_\_

STEP PARENT/LEGAL GUARDIAN FULL NAMES: \_\_\_\_\_

NAME & AGE of STUDENT'S SIBLINGS: \_\_\_\_\_

\*\*\*SACRAMENTS RECEIVED\*\*\*

BAPTISM: YES / NO If yes, Date \_\_\_\_\_ Mo. \_\_\_\_\_ Day \_\_\_\_\_ Yr.

**Is your child baptized Catholic?** \_\_\_\_\_ **Was your child baptized here at St. Stephen?** \_\_\_\_\_

1st RECONCILIATION: YES / NO If yes, Date \_\_\_\_\_ Mo. \_\_\_\_\_ Day \_\_\_\_\_ Yr.

1st EUCHARIST: YES / NO If yes, Date \_\_\_\_\_ Mo. \_\_\_\_\_ Day \_\_\_\_\_ Yr.

CONFIRMATION: YES / NO If yes, Date \_\_\_\_\_ Mo. \_\_\_\_\_ Day \_\_\_\_\_ Yr.

HAS STUDENT ATTENDED A CATHOLIC RELIGIOUS EDUCATION PROGRAM BEFORE? \_\_\_\_\_

IF YES, LAST GRADE COMPLETED: \_\_\_\_\_ NAME OF PARISH \_\_\_\_\_

**Should your family incur any changes to your address, phone numbers, &/or e-mail addresses please inform the RE office. It is extremely important to keep our records accurate with current information. Thank you!**