

First communion (church)

308-632-6918 205 E. 23rd St Scottshluff NF 69361

State/city

Student Name:	

CATHOLIC SCHOOL	Scottsb	luff, NE 69361	Place & Date of Birth:			
			STUDENT IN	FORMATION		
Residing with:		Address			Relationship	Phone
Grade entering:	Public school district you reside in:			Parent Email:		
Last school attended:		Rel	ease signed	and dated to get reco	rds:	
			FAMIL	Y DATA		
Father or Guardian:				Mother or Guardian:		
Name:				Name:		
Address:				Address:		
Date & Place of Birth:				Date & Place of Bi	irth:	
Phone:	Work/Cell:			Phone:	Work/ Cell:	
Religion:	Parish:			Religion:	Parish:	
Language:	Occupation:			Language:	Occupation:	
List all other children in your ho	ousehold from	birth to 21 years:				
Name:	Sex:	Date of Birth:	Age:	Place of Birth:	School Attending:	
		44				

			SACRA	MENTS		
Baptism (church)		State/city		Date		
First communion (church)		State/ city		Date		