

Student's Full Name: _____ Date of Birth _____
First Middle Last

Grade for 2020-2021 School year: _____

Please list any allergies, medical problems, physical or learning disabilities of which we should be aware:

New Students:

Check Sacraments received: Baptism _____ Reconciliation _____ Holy Communion _____ Confirmation _____

Baptism Date _____ Church _____ City/State _____

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