

KN thru CONFIRMATION

2023/2024

**ST. STEPHEN FAITH FORMATION  
STUDENT INFORMATION FORM**

Grade in School 23/24 \_\_\_\_\_

F/F Class 23/24 \_\_\_\_\_

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: \_\_\_\_\_

FATHER'S E-MAIL: \_\_\_\_\_ MOTHER'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 (include requested accommodations):

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 FAITH FORMATION 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 Office of Faith Formation. It is extremely important to keep our records accurate with current information. Thank you!**