

**Confirmation Preparation Saint Agnes Catholic Community
Registration Form 2017 - 2018**

Student's First Name Middle Last Date of Birth

School Attending Student's Grade (2017-18 School Year)

STUDENT ATTENDED FAITH FORMATION CLASSES IN WHAT GRADES? _____

WHERE DID THEY ATTEND FAITH FORMATION CLASSES _____

Father's Full Name

Street Town Zip

phone # _____ **Cell#** _____

email: _____

Mother's First Name Maiden Name Last Name

Street Town Zip

phone # _____ **Cell#** _____

email: _____

Student lives with Mother ___ **Father** ___ **Both** ___ **Guardian** ___

Name of Guardian _____

Address: _____

Phone _____ **email** _____

Name of Church of Baptism (if Saint Agnes, we have on file) _____

Name of Church of First Communion (if at Saint Agnes, we have on file) _____

FEES DUE AT REGISTRATION: \$55.00 PER STUDENT

CHECKS MADE OUT TO SAINT AGNES PLEASE

AMOUNT ENCLOSED _____ **CHECK NUMBER** _____

PAYMENT WOULD BE A HARDSHIP AND I REQUEST A FEE WAIVER _____