

STUDENT INFORMATION FORM

Students Name _____
(Last Name) (First Name) (Middle Name)

Baptism Date _____ Baptism Parish _____

Birthdate _____

Religious Education Grade: _____

Parents Name _____

Parent Mailing Address _____

Parent Email _____

Parent Phone _____

Mother's Maiden Name _____

_____ My Child may receive direct text messaged from the religious education/CYO volunteers.

My child's cell number is _____

_____ I do NOT want my child to receive text messages from the religious education/CYO volunteers.

_____ I would like to be included in the text messages from the religious education/CYO volunteers.

My cell number is _____

Parent Signature _____