



**GENERAL STUDENT INFORMATION**

Student Name \_\_\_\_\_ Student Nickname \_\_\_\_\_  
Age \_\_\_\_\_ Gender (M or F) \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Student Email Address \_\_\_\_\_ Student Cell Phone \_\_\_\_\_  
Academic School (08/09) \_\_\_\_\_ Academic Grade (08/09) \_\_\_\_\_  
RE Grade (08/09) \_\_\_\_\_ Last RE Grade Attended \_\_\_\_\_ Last Calendar Year of Religious Education \_\_\_\_\_

**SACRAMENTAL PROFILE**

All new students must submit a copy of their **Baptismal Certificate** (duplicates only; please do not send originals).  
Canon Law requires proof of Baptism before Sacraments can be dispensed.

**BAPTISM:**  No  Yes Date \_\_\_\_\_ at Saint Theresa Parish?  Yes  No  
**PENANCE:**  No  Yes Date \_\_\_\_\_ at Saint Theresa Parish?  Yes  No  
**HOLY COMMUNION:**  No  Yes Date \_\_\_\_\_ at Saint Theresa Parish?  Yes  No  
**CONFIRMATION:**  No  Yes Date \_\_\_\_\_ at Saint Theresa Parish?  Yes  No

**STUDENT MEDICAL PROFILE**

Students enrolled in the RE Program must be able to carry and administer their own medical treatments.

Allergies to Allergens, Medicines, Foods, Other: \_\_\_\_\_  
Other Medical Conditions: \_\_\_\_\_  
Special Instructions: \_\_\_\_\_

EpiPen:  My child self-administers epi-pen.  Someone whom I designate will be on-site to administer my child's epi-pen.  
I understand and consent to this policy regarding epi-pen administration: \_\_\_\_\_. (Signature required)

**MEDICAL CONTACT INFORMATION**

Designating a person to contact in the event of your child's medical emergency (who is NOT the parent/legal guardian) is REQUIRED for enrollment in the RE Program. In a medical emergency, parents/legal guardians will be contacted first. If parents/legal guardians are not available, this designated medical contact will have consent authority for medical treatments as necessary.

Medical Contact Name \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Phones: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_ Other \_\_\_\_\_  
Address/City/State/Zip \_\_\_\_\_

**STUDENT EDUCATIONAL SUPPORT PROFILE**

Please indicate your child's educational support needs so that these needs can be better served in religious education class.

**STUDENT SCHEDULE**

For the Student listed above, please identify the appropriate schedule below:

\_\_\_\_\_ Life Teen Program, Grade 9, Sundays 6:00-7:30 pm. \_\_\_\_\_ Life Teen Program, Grades 10-12  
Enclosed please find Tuition Payment + Conf. Ceremonial Fee. Enclosed please find Tuition Payment.  
\_\_\_\_\_ Catholic High School Student, Grade 9. \_\_\_\_\_ Sacramental Catch-Up Class, Gr. 9-12  
Enclosed please find Confirmation Ceremonial Fee. Enclosed please find Tuition Payment + Book Fee.

**ADDITIONAL REMARKS**