

### STUDENT INFORMATION

**Student Information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Date of birth: \_\_\_\_\_ and City, State \_\_\_\_\_  
 Gender: Male or Female \_\_\_\_\_ Grade in school 2014-15: \_\_\_\_\_  
 Ethnicity: \_\_\_\_\_ Language: \_\_\_\_\_  
 Religion: \_\_\_\_\_ School: \_\_\_\_\_  
 Last attended religion classes at: \_\_\_\_\_  
 (please list)

Sacraments Needed? Baptism  First Reconciliation  First Communion  Confirmation

We will need a **copy** of the Sacrament Information if they were NOT baptized at St. Mary's, Bloomington.

**Sacrament Information:**

Father: \_\_\_\_\_ Mother: \_\_\_\_\_

**Baptismal Name :** \_\_\_\_\_ Date: \_\_\_\_\_  
 Church Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 City, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**1st Communion:** \_\_\_\_\_ Date: \_\_\_\_\_  
 Church Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 City, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Confirmation:** \_\_\_\_\_ Date: \_\_\_\_\_  
 Church Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 City, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

<b>Student Medical and Emergency Information</b>
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Physician \_\_\_\_\_ Phone \_\_\_\_\_

List any medical conditions of the student (asthma, epilepsy, etc.) \_\_\_\_\_

List any allergies or allergic reactions of the student to medications \_\_\_\_\_

List any medications the student is presently taking \_\_\_\_\_

Other pertinent medical information \_\_\_\_\_