

Sacramental Information

Baptism Date _____ Church _____

Reconciliation Date _____ Church _____

First Communion Date _____ Church _____

Certificate: Yes _____ No _____

Confirmation Date _____ Church _____

Certificate: Yes _____ No _____

If child has not been baptized is it your desire to have him/her baptized?
Yes _____ No _____

Additional Information

Please state the name of the public school your child would attend if not attending St. John the Baptist Catholic School. *(This information is for State Report purposes only and must be completed)*

Student's Security Number _____

_____ Yes, I was referred by a current family.

Family Name _____
(Only 1 family name)