

Returning Student:

New Student:

St. Thomas the Apostle Catholic Church  
Religious Education Classes  
Students Cumulative Record

Date:

Complete Name of Student: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Complete name of Father/Guardian Name: \_\_\_\_\_

Complete name of Mother/Guardian (include first and maiden name: \_\_\_\_\_

Registered Member of St Thomas? YES  NO

If "No", you must register as a member of the parish for your child to participate in Faith Formation.

Sacraments Received:

Sacrament	Date	Parish	Address	City/State
Baptism				
Reconciliation				
Eucharist				
Confirmation				

Copy of Baptismal Certificate in File? YES  NO

Notes:

Religious Education Classes Attended

Grade	Year	Parish	Grade	Year	Parish
Kindergarten:			Grade 6		
Grade 1			Grade 7		
Grade 2			Grade 8		
Grade 3			Conf 1		
Grade 4			Conf 2		
Grade 5			2E		

Has the student received religious education at another parish (other than St Thomas)? YES  NO

If YES, Please indicate:

Grade(s)	Parish	Parish address	Parish City/State ZIP

Present grade in school: \_\_\_\_\_ School Name: \_\_\_\_\_

	Number of Children			
	1	2	3	Each Additional
Regular	\$75.00	\$100.00	\$125.00	\$0.00

This semester there will be no charge for faith formation classes.

Flags:

Grade: \_\_\_\_\_  
Amount Due: \_\_\_\_\_  
Amount Pd: \_\_\_\_\_  
Date Paid: \_\_\_\_\_  
Method Paid: \_\_\_\_\_

*For office use only*