



Saint Thomas More Parish
High School Confirmation Program

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(781)-843-1980

Confirmation Program Registration 2010-2012 (CONFIRMATION YEAR 2012)

[] I Do Wish To Enroll My Child [] I Do Not Wish To Enroll My Child

(BE SURE TO RETURN THIS FORM TO THE RECTORY REGARDLESS OF ABOVE SELECTION)

STUDENT NAME: _____ PARENT CONTACT E-MAIL* _____

STUDENT E-MAIL: _____

*WE COMMUNICATE REGULARLY BY E-MAIL - PLEASE PROVIDE PRIMARY FAMILY/PARENT E-MAIL AS WELL AS STUDENT E-MAIL

Father's Full Name: _____ Mother's Full Name: _____

Father's Work/Cell Phone: _____ Mother's Work/Cell Phone: _____

Family Address: _____ Home Phone: _____

Emergency Contact Name/Telephone/Relationship to student _____

Religion Of Father _____ Religion Of Mother _____

Custodial Parent: _____

Table with 4 columns: Student Name, Age, Birthdate, Gender. Each column has a blank line for input.

Baptismal Parish and Date: * _____

*WE CANNOT ACCEPT REGISTRATION WITHOUT THIS INFORMATION - (NEEDED FOR THE PARISH REGISTER)

Special Needs or Requests: (medical, learning disabilities, physical disabilities): _____

Grade and Parish of most recent religious education: _____

School your child will be attending for GRADE 9 _____

Most Confirmation classes are scheduled for Sunday mornings or evenings.

To assure your student's enrollment in our Confirmation I (2010-2011) program, please use the envelope provided to return the completed, signed & dated registration form along with the first year tuition payment of \$50.00 and the robe rental fee of \$15 for a total of \$65.00. (Those attending Catholic High School need not send any tuition at this time.) (Please make checks payable to St. Thomas More Parish). Please return NO LATER THAN July 15, 2010.

I have both read the letter and reviewed the guidelines sent with this form:

Parent/Guardian Signature: _____ DATE: _____

Student Signature: _____ DATE: _____

OFFICE USE ONLY: REC'D DATE: _____ CLASS LEADER: _____
TUITION REC'D: AMT: _____ CHECK # _____ DATE: _____