



2009 Student Form

Full Name of Youth: _____
(First) (Middle) (Last) (Jr., Sr., etc.)

Nick Name: _____ Date of Birth: _____

Youth E-mail Address: _____
(Print clearly)

Grade: 7th 8th 9th 10th 11th 12th School _____

Mother _____ (C #) _____

Father _____ (C #) _____

Parent(s) E-mail Address(es): _____
(Print clearly)

Home Address: Street _____

City _____ State _____ Zip _____

Home Phone: _____ Student's Cell Phone: _____

Baptized: Yes No

If Baptized: Full Name of Church _____

Location _____

What do you hope to gain from your confirmation experience?