



**ST. MARY SCHOOL, ELGIN, ILLINOIS  
NEW STUDENT SACRAMENTAL INFORMATION**

Date of Form: \_\_\_\_\_

Name of Student: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of Parents/Guardians: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_  
street address city state zip

Student Lives With: \_\_\_ Both parents, \_\_\_ Mother, \_\_\_ Father, \_\_\_ Other(specify) \_\_\_\_\_

Mother's Religion? \_\_\_\_\_ Father's Religion? \_\_\_\_\_

Student's Siblings at St. Mary School or R.E.P.:

1. \_\_\_\_\_ 2. \_\_\_\_\_  
name grade name grade

Student's Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
city state

Student's Religion: \_\_\_\_\_

Date of Baptism\*: \_\_\_\_\_ Place: \_\_\_\_\_  
church city state

Date of First Reconciliation: \_\_\_\_\_ Place: \_\_\_\_\_  
church city state

Date of First Communion: \_\_\_\_\_ Place: \_\_\_\_\_  
church city state

Date of Confirmation: \_\_\_\_\_ Place: \_\_\_\_\_  
church city state

If Catholic, how often does this student attend Mass each month? \_\_\_\_\_

If Catholic, how often does this student receive sacraments each month? \_\_\_\_\_

Other comments/information: \_\_\_\_\_

**\*PLEASE PROVIDE COPY OF BAPTISMAL CERTIFICATE**

*Please return to the St. Mary Religious Education Office, 397 Fulton St., Elgin, IL 60120*

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**Special Notations for Office Use Only**

