

St Paul Apostle Catholic Community
 Endeavour Hills

Confirmation (Gr 6 & up) Registration Form

Full Name of Student	
School <i>(tick a box)</i> <u>All students attending State Schools have to attend ASRE each Tuesday during School Terms</u>	<input type="checkbox"/> St. Paul Apostle North School <input type="checkbox"/> St. Paul Apostle South School <input type="checkbox"/> Tick & State Name of School if not one of the above
Grade/Class	
Student's Country of Origin	
Home Address	
Telephone	
Have you (student) been baptised in the Catholic Church?	Date & Place of Baptism
Father's Name	Occupation: Country of Origin: Religion:
Mother's Name	Occupation: Country of Origin: Religion:
Volunteers needed: Workshop Day <input type="checkbox"/> Sacrament Support <input type="checkbox"/> Parent Nights <input type="checkbox"/> <i>(Please indicate area you could help)</i>	Name:.....Ph. No:.....

Parish Privacy Policy 2002: This information is for internal use only, and will not be handed to a third party.

<u>Office Use:</u> Donation Received: \$.....Date..... Notes:
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