

**OUR SAVIOR'S LUTHERAN CHURCH**  
**CONFIRMATION INFORMATION**  
(for church records only)

**STUDENT INFO:**

Student's Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Birth date \_\_\_\_\_ Age/Grade in School \_\_\_\_\_

School Attending \_\_\_\_\_ Are you on Facebook? \_\_\_ yes \_\_\_ no

**PARENT INFO:**

Parents/Guardians Name \_\_\_\_\_

Address (if different than students) \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Are you on Facebook? \_\_\_ yes \_\_\_ no

**Emergency Contact:**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Is your child baptized? \_\_\_\_\_ When/where if not Our Savior's? \_\_\_\_\_

Parent(s) member of Our Savior's? \_\_\_\_\_

Is your child communing? \_\_\_\_\_ Year of First Communion \_\_\_\_\_

Please list any health concerns or needs for your child (i.e., allergies, restrictions to activities, regular medications, etc.)

Please share any information about your child's learning style and/or personality that would help our staff in working with him/her.

**PLEASE COMPLETE AND TURN IN THIS FORM BEFORE YOU LEAVE.**