



CONFIRMATION REGISTRATION 2016-2017

Student's Name: _____

Parent(s) name: _____

Address(es): _____

Phone number(s) _____

Student's Birthdate: _____

Student's School and grade: _____

Student's Food allergies: _____

Student's email: _____

Parent's email: _____

Please check one: I do ____ I do not ____ give permission to St. Andrew to use my child's picture in photographs, slides, or other images related to the ministry of St. Andrew Lutheran Church, including the church website.

Please check one: I do ____ I do not ____ give permission to St. Andrew to publish our contact information in a roster given to other students in the Confirmation program.

Is there anything you would like us to know?