

**Our Lady of the Rosary
Religious Education Program
Permanent Record Form**

Students

First Name: _____ Last Name _____

Address: _____

City: _____ State: _____ Zip Code: _____

Gender: M F Date of Birth: _____ Place of Birth: _____

Age: _____ Grade in School: _____ CCD Grade: _____

Father's

First Name: _____ Last Name _____

Address: _____

City: _____ State: _____ Zip Code: _____

Occupation: _____

Email: _____ Phone: _____

Mother's

First Name: _____ *Maiden Name* _____

Address: _____

City: _____ State: _____ Zip Code: _____

Occupation: _____

Email: _____ Phone: _____

Guardians

First Name: _____ Last Name _____

Address: _____

City: _____ State: _____ Zip Code: _____

Occupation: _____

Email: _____ Phone: _____

Relation to the Child: _____

Primary Contact: _____ Mother _____ Father _____ Both _____ Guardian

Notes: _____

**Our Lady of the Rosary
Religious Education Program
Sacramental Record**

First Name: _____ Last Name: _____

Date of Baptism: _____ Copy of Baptism Certificate: _____

Church: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Date of First Communion: _____ Copy of First Communion Certificate: _____

Church: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Date of Confirmation: _____ Copy of Confirmation Certificate: _____

Church: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Religious Education

School Year	CCD Grade	Teacher	Date of Completion	Notes
	K			
	1 st			
	2 nd			
	3 rd			
	4 th			
	5 th			
	6 th			
	7 th			
	Confirmation 1			
	Confirmation 2			

Siblings & Grade level who are enrolled in CCD at OLR

Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____

Notes: _____
