

RCIAT APPLICATION

STUDENT INFORMATION

Name:

Date of birth:

Cell Phone:

Home Phone:

Current address:

City:

State:

ZIP Code:

E-mail:

PARENT OR GUARDIAN INFORMATION

Name:

Current address:

Cell Phone:

Home Phone:

E-mail:

Fax:

City:

State:

ZIP Code:

Religion Mother:

Religion Father:

Parish:

EMERGENCY CONTACT

Name of a relative not residing with you:

Address:

Phone:

City:

State:

ZIP Code:

Relationship:

CURRENT SACRAMENTS RECEIVED

Baptism year & Church/Parish –attach photo copies _____

Communion year & Church/Parish-attach photo copies _____

If no sacraments attach copy of Birth Certificate

SACRAMENTS REQUESTED

Baptism (just check)

Communion (just check)

Confirmation (just check)

:

Any Handicaps:

Food Allergies:

Medical Issues:

PREVIOUS RELIGIOUS TRAINING

Name

Address

Phone

DOCUMENTS FOR RCIAT STAFF ONLY FILLED OUT BY RCIAT DIRECTOR

Birth Certificate

Baptismal Certificate

Communion Certificate

Name

SIGNATURES

Signature of applicant/Parent orGuardiant:

Date: