

# New Student

## St. Ann's Religious Education Office Permanent Record Card

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

Address \_\_\_\_\_  
Street City Zip

Father's Name \_\_\_\_\_ Religion \_\_\_\_\_

Mother's Name \_\_\_\_\_ Religion \_\_\_\_\_  
First Maiden

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

### Sacramental History

Date of Baptism \_\_\_\_\_ Place of Baptism \_\_\_\_\_ Church \_\_\_\_\_

city state zip

Date of First Eucharist \_\_\_\_\_ Place of First Eucharist \_\_\_\_\_ Church \_\_\_\_\_

city state zip

Date of First Reconciliation \_\_\_\_\_ Place of First Reconciliation \_\_\_\_\_ Church \_\_\_\_\_

city state zip

Date of Confirmation \_\_\_\_\_ Place of Confirmation \_\_\_\_\_ Church \_\_\_\_\_

city state zip

### Years in the Program

Grade	Year	Grade	Year
Pre-K 3		5 <sup>th</sup>	
Pre-K-4		6 <sup>th</sup>	
Kdgn.		7 <sup>th</sup>	
1 <sup>st</sup>		8 <sup>th</sup>	
2 <sup>nd</sup>		9 <sup>th</sup>	
3 <sup>rd</sup>		10 <sup>th</sup>	
4 <sup>th</sup>			