

# Student Information and Contact Form

## St. Thomas Religious Education/STYM

### Student Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Current Grade: \_\_\_\_\_

Current Grade: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

### Parent/Guardian Information

First Adult Name: \_\_\_\_\_

Second Adult Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

Email address: \_\_\_\_\_

Email address: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

### Student's Life in the Church:

Baptism Year: \_\_\_\_\_

Location: \_\_\_\_\_

First Communion Year: \_\_\_\_\_

Location: \_\_\_\_\_

### Please complete the information if decided:

Confirmation Saint: \_\_\_\_\_

Confirmation Sponsor: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

### Medical Insurance Information:

Company: \_\_\_\_\_

Policy Holder Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

### Medical Information:

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Concerns: \_\_\_\_\_

### Walking Permission Slip

I give religious education teachers and volunteers of the St Thomas Youth Ministry program permission to take my child/charge \_\_\_\_\_ (name) on walking trips from St. Thomas Church or St. Thomas School within the borough of Bedford, PA as a part of a scheduled class or activity or as part of transportation to/from said activity.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_