St. Mary Catholic Church

P.O. Box 57 Fayetteville, TX 78940

Diocese of Austin

Faith Formation Program

Student Information

Lexxus Mayorga
Coordinator of Faith Formation

_____ _____ _____ _____
First Name Middle Name Last Name Date of Birth

Address_____

City _____Zip _____

Parent's/Guardian's Names _____

Home Phone _____ Cell Phone _____ email _____

School attending _____Grade Entering _____

Emergency Contact: _____ Phone: _____

List any Special Needs (for example, physical restrictions, medication, and allergies)

_____

_____

_____

_____ _____
Parent/Guardian Signature **Date**

NEW STUDENTS ONLY
Complete the remaining information

Previous Parish _____

SACRAMENTS RECEIVED

	Date	***Parish***	***City, State***
Baptism			
Reconciliation			
First Communion			
Confirmation			

PREVIOUS FAITH FORMATION COMPLETED

Circle Grades N PK K 1 2 3 4 5 6 7 8 9 10 11 12