

St. John Catholic Church

P.O. Box 57 Fayetteville, TX 78940

Diocese of Austin

Faith Formation Program

Student Information

Lexus 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