
Queen of Apostles School Religious Education

As part of the religion program at our school, we need to assess the sacramental preparation needs for our students. Please complete this form and return it to the school office by the first day of school.

Student's Name: _____

Teacher and Grade Level: _____

If your child is Roman Catholic, please **check** the following appropriate response(s):

BAPTISM

_____ was baptized on _____

place (church, city, state) _____

EUCCHARIST (Holy Communion)

_____ was prepared and received First Eucharist (Holy Communion)

_____ would like my child to be prepared and receive First Eucharist

_____ do not want my child prepared

RECONCILIATION (Penance or First Confession)

_____ was prepared and received Reconciliation (Penance or First Confession)

_____ would like my child to be prepared and receive Reconciliation

_____ do not want my child prepared

My child practices in the _____ religion.
(Name of religion, if not Catholic)

_____ I am interested in my child becoming a Roman Catholic.

Signature _____ Date _____

Each person approaches their relationship to God in their own unique way. Since our primary orientation is in the Roman Catholic faith, we just want to fulfill our mission in providing sacramental preparation and celebration for those who desire and want it. We appreciate your assistance in gathering this information.