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## 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.