

St. Mary of the Lake CCD



Student Information Form 2017-2018

Name: _____ CCD Grade _____

Address: _____

Town _____ State _____ Zip _____

Phone Number: _____ Cell: Mother _____ Father _____

Mothers Name _____ Fathers Name _____

Birthday _____ Age _____

School _____ Grade in School _____

Allergies No Yes Please list: _____

E-mail address: _____

Please put a check next to any of the following that you might be able to help with.....

Supply snack for class _____

Help with projects _____

Help with holiday parties _____

Help with special projects _____

Parent Signature