

# 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