



OSLC Registration Form 2020-21

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Parents—Please complete this form for each student enrolled in OSLU.

Student Information

Name _____ 4 digits PIN# __ __ __ __
(Make up a number . Used in publishing your results)

Street Address _____

City and Zip _____

Home Phone _____ Cell Phone _____

Parent(s) (Guardian) Information

Father's Name _____

Mother's Name _____

Work Phone _____

Work Phone _____

Cell Phone _____

Cell Phone _____

Email _____

Email _____

(Check email(s) that should receive SRU information.)

I give permission to photograph/video our (my) child, and to use these photographs/videos to promote Our Saviour's in marketing tools such as, but not exclusive to, bulletin boards, brochures, flyers, newsletters, videos, and website. Please initial one: Yes _____ No _____

Are you willing to help as a confirmation mentor in class or as a chaperone for events?

Return this form to the church office when completed



Student Information

Name _____ Year (circle): One Two Three

School _____ Grade in Fall 2020 _____

School friends who attend Our Saviour's: _____

Your child's biggest fear about entering confirmation this year: _____

Interests

School extra-curricular activities: _____

Favorite activities outside of school: _____

Education

How your child best learns: Please rank 1 (best) to 4 (least).

_____ work on a project

_____ see a movie

_____ read about it

_____ group discussion

Learning challenges the teachers need to be aware of: _____