

**Confirmation Registration
Immanuel Lutheran Church & School**

Student's Name: _____

School Attending: _____

Grade: _____

Birthdate: _____ Baptism Birthday: _____

Student Cell Phone: _____

Siblings Name and Ages: _____

Parent/Guardian Name 1: _____

Parent/Guardian Email 1: _____

Parent/Guardian Cell Phone 1: _____

Parent/Guardian Name 2: _____

Parent/Guardian Email 2: _____

Parent/Guardian Cell Phone 2: _____

Address: _____

City/State/Zip: _____

Please return this form and submit your \$75 payment to the church office.