



2024-2025 CONFIRMATION REGISTRATION FORM

Student Name: _____

Address: _____

City: _____ Zip Code: _____

Student Phone Number *(please include area code)*: _____

Student email address: _____

Birthdate: _____ Baptized: Yes or No Date: _____

Grade in School: 6th 7th 8th 9th School you attend: _____

Name of Parent(s): _____

Phone Number *(please include area code)*: _____

Parents email address *(if you have one)*: _____

Are your parents members of Abiding Savior? Yes or No

Alternate Address *(if applicable-which parent)*: _____

Do you have any special medical or emotional problems our teacher's should know about *{include food allergies}*? _____

2024-2025 Confirmation Fee is \$120.00 per student for 6th-8th graders

\$40.00 per student for 9th graders

Please include your registration fee with this registration form

{Scholarship funds are always available ~ please speak to Pastor Ryan if you need financial assistance}

Please return ASAP to the Church Office

Abiding Savior Lutheran Church
8211 Red Oak Drive
Mounds View, MN 55112
763-784-5120