



# 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: 6<sup>th</sup> 7<sup>th</sup> 8<sup>th</sup> 9<sup>th</sup> 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 6<sup>th</sup>-8<sup>th</sup> graders**

**\$40.00 per student for 9<sup>th</sup> 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  
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