



2016-2017
**CONFIRMATION
REGISTRATION FORM**

Full Name: _____

Address: _____

City: _____ Zipcode: _____

Phone Number (please include area code): H: _____ C: _____

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): H: _____ C: _____

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}? _____

2016-2017 Confirmation Fee is \$110.00 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

