2026 – 2027
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: _____

Are your parents members of Abiding Savior? Yes or No

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

_____

Do you have any special medical or emotional conditions our teachers should know about *(**include food allergies**)*?

_____

2026-2027 Confirmation Fee is $150.00 per student for 6th-8th graders

$50.00 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