

## 25-26 Confirmation Registration Form

Student's Full Name:

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Student Goes By:\_\_\_\_\_

Student's Birthday:\_\_\_\_\_

Grade for 25-26:\_\_\_\_\_

Middle School Student Attends:

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Parents' Names:

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Parents' Contact Information:

Phone:\_\_\_\_\_

Phone:\_\_\_\_\_

Email:\_\_\_\_\_

Address:\_\_\_\_\_

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Siblings' Names and Ages/Grade:

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Student's Interests:

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Student's Favorite Snacks/Drinks:

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Other important information:

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