

## Sacramental Preparation Course

Please complete the following information:

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Are you a transfer student: \_\_\_\_ Yes \_\_\_\_ No

Parent/Guardian: \_\_\_\_\_

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

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

Parish: \_\_\_\_\_

- My student is interested in entering the Catholic Faith.
  
- My student is interested in receiving the Sacrament of:
  - Baptism
  - Confession
  - Holy Communion
  - Confirmation

Please return to: Chaplain's Office  
Bishop O'Connell HS  
6600 Little Falls Road  
Arlington, VA 22213

Or E-mail: [vellis@bishopoconnell.org](mailto:vellis@bishopoconnell.org)

Or Fax to: 703-237-1465 Attn: Chaplain's Office