Immaculata-La Salle High School 2024-2025

Sacraments Preparation Program / OCIA Interest Form

Student Name:	Grade:
Theology Block and Teacher:	
ILS Student Email: 10 @ilsstudent.com	
Name of your home parish:	
Which Sacrament(s) are you interested in preparing	g to receive – please check all that apply:
Baptism Eucharist	t
Reconciliation Confirma	ition
We ask all students to please submit a copy of their have been previously received. We will need the ce	r birth certificate and the certificates for all the Sacraments that ertificates before the first meeting.
Parent Name and Phone Number (1):	
Parent Name and Phone Number (2):	
ILS Parent Email: 10 @ilsparent.com	
meetings after school during the beginning of the seconeed to make up meetings that are missed for serious	gram involves the student's participation in approximately 12 and semester. Students are expected to attend all meetings and wil reasons. Further, we agree to communication between ILS and St. mbers, and letters of participation) as needed so that the student
Student Signature:	
Parent Signature (1):	
Parent Signature (2):	

For any questions regarding Sacramental Preparation please contact—

 $\label{lem:mrs.} Mrs.\ Ana\ Roman-Gonzalez - \underline{agonzalez@ilsroyals.com} \\ Mrs.\ Cristina\ Lopez-Hernandez - \underline{clopezhernandez@ilsroyals.com} \\$

ILS OCIA Coordinators

Thank you.

