



HOLY TRINITY CATHOLIC HIGH SCHOOL

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Parent/Guardian Sacrament Survey

Please complete this survey if your child has not received his/her First Communion, Reconciliation, or Confirmation Sacrament.

Name of Child: _____ Grade: _____

Parent/Guardian's Name: _____

Parent/Guardian's Contact Number: () _____ - _____

Parent/Guardian E-mail: _____

Questions	Answer
Is your child a baptized Catholic?	Yes No
Is your child interested in completing any of the following sacraments? 1. First Communion 2. Reconciliation 3. Confirmation	Yes No
If interested, please indicate which sacrament.	

Please complete this survey and press Submit, or save completed file and email as attachment to Katrina.Cerin@ecsd.net by December 20th. If you have any questions regarding any of these sacraments, please email Ms. Cerin.