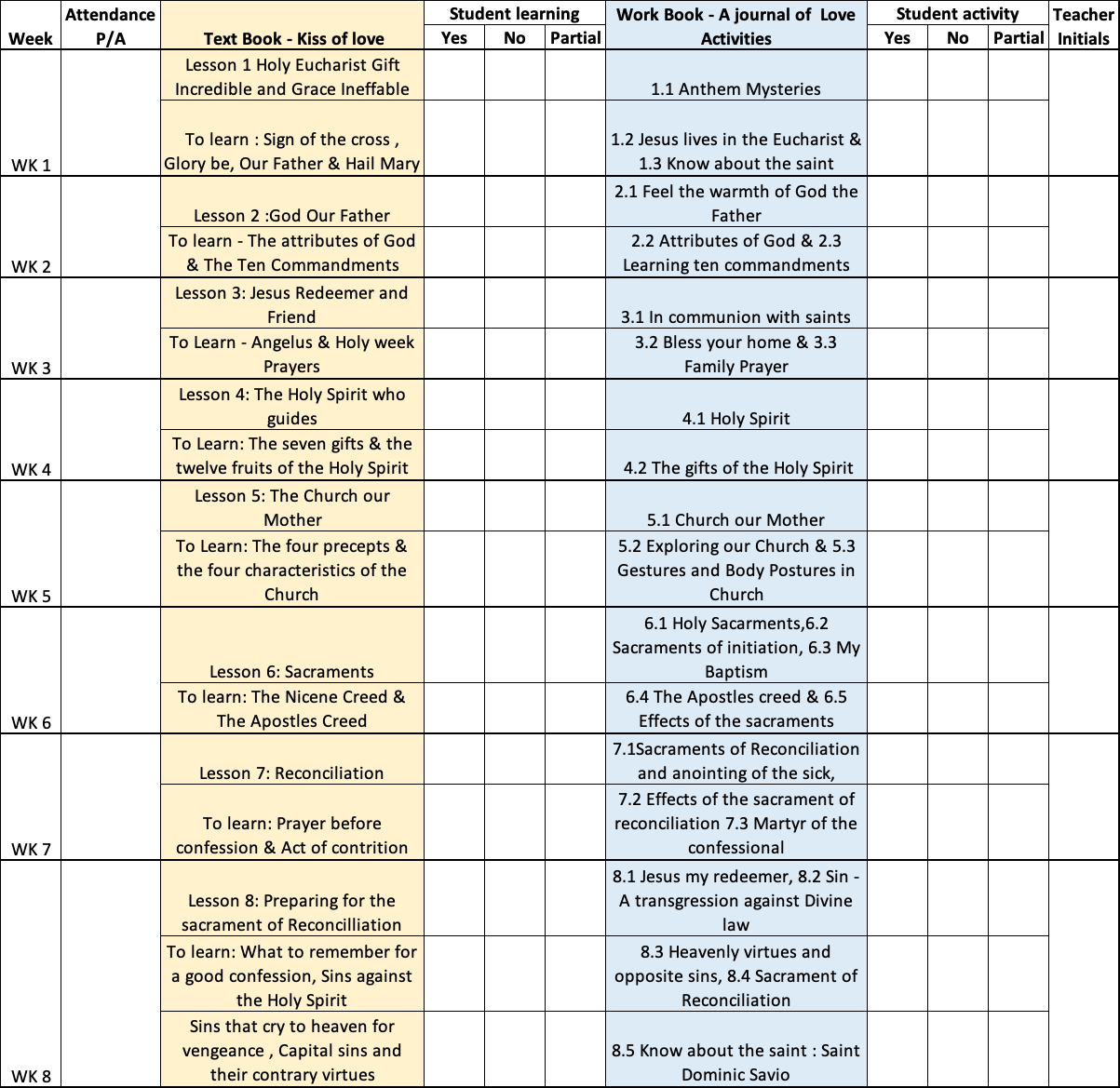
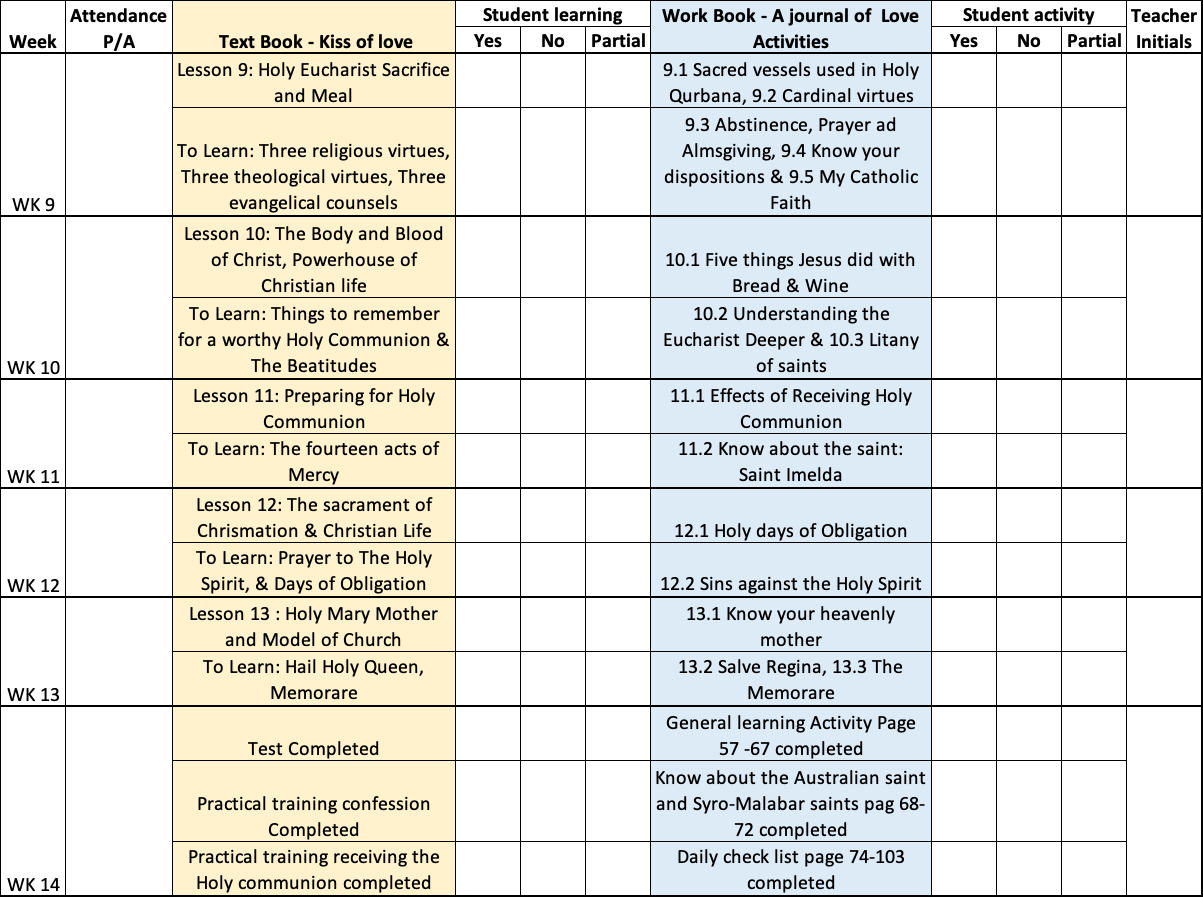
Full Name of Student:

Year:

**Holy Communion students learning status check list**

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Students Additional learnings if any:

This document is prepared based on --------------------------------------------- (Full Name of Student) 's participation in the Holy communion and confession preparation training course conducted by ---------------------------------------------------------------------------------------------( Name of your parish) in the year -----------------------------------(Year)

Teacher in Charge:

Signature: Date: