



Archdiocese of Indianapolis New Student Registration

Grade Applying for _____ School Year _____

STUDENT INFORMATION

Lives with both parents Lives with mother Lives with father Lives with Guardian

Last Name: _____ Middle Name: _____ First Name: _____

Male Female Ethnicity: _____ Race: _____ Date of Birth: _____

Full Address: _____

Phone Number: _____ Place of Birth: _____

Religion of Student: _____ Church/Home Parish: _____

Baptismal Date: _____ Location: _____ (Office Use: Copy of Birth Certificate Received____)

First Communion Date: _____ Church: _____ Location: _____

First Reconciliation Date: _____ Church: _____ Location: _____

School Last Attended: _____ Grade(s): _____ Location: _____

Please list any medical conditions your child has that would affect their learning:

PARENT INFORMATION

Father

Father's Religion: _____

Last Name: _____ Middle Name: _____ First Name: _____

Full Address: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Mother

Mother's Religion: _____

Last Name: _____ Middle Name: _____ First Name: _____

Full Address: _____

Home Phone: _____ Cell Phone: _____ Email: _____

If Guardian

Guardian's Religion: _____

Last Name: _____ Middle Name: _____ First Name: _____

Full Address: _____

Home Phone: _____ Cell Phone: _____ Email: _____

List Siblings and Ages: _____