



**ARCHDIOCESE OF INDIANAPOLIS  
NEW STUDENT REGISTRATION**

Grade Applying for \_\_\_\_\_ School Year \_\_\_\_\_

Registration Fee Paid: \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_

**STUDENT INFORMATION**

Lives with both Parents     Lives with Mother     Lives with Father     Lives with Guardian

Last Name: \_\_\_\_\_ Middle: \_\_\_\_\_ First: \_\_\_\_\_

Male     Female    Ethnicity: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Religion: \_\_\_\_\_ Church/Home Parish: \_\_\_\_\_

Baptismal Date: \_\_\_\_\_ Location: \_\_\_\_\_ **Copy of Birth Certificate Received**

\*\*\*if you are Catholic, you are required to produce a Baptismal Certificate\*\*\* **Copy of Baptismal 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** Religion: \_\_\_\_\_

Last Name: \_\_\_\_\_ Middle: \_\_\_\_\_ First: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**MOTHER** Religion: \_\_\_\_\_

Last Name: \_\_\_\_\_ Middle: \_\_\_\_\_ First: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_