



**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: _____