

STUDENT REGISTRATION FORM – ARCHDIOCESE OF INDIANAPOLIS

STUDENT'S LAST NAME _____ FIRST _____ MIDDLE _____ SEX _____ DATE OF BIRTH _____

ADDRESS _____ PHONE NUMBER _____

CITY _____ STATE _____ ZIP CODE _____

PARISH ATTENDED _____

FATHER'S LAST NAME _____ FIRST _____ MIDDLE _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE NUMBER _____ BUSINESS PHONE NUMBER _____

RELIGION _____

MOTHER'S LAST NAME _____ FIRST _____ MIDDLE _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE NUMBER _____ BUSINESS PHONE NUMBER _____

RELIGION _____

STUDENT LIVES WITH: FATHER AND MOTHER
 FATHER MOTHER
 GUARDIAN OTHER _____

SPECIFY

IF GUARDIAN: _____

LAST NAME _____ FIRST _____ MIDDLE _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE NUMBER _____ BUSINESS PHONE NUMBER _____

STUDENT INFORMATION:

PLACE OF BIRTH _____ CITY _____ STATE _____

RELIGION OF STUDENT _____

BAPTISMAL DATE _____ CHURCH _____ CITY _____ STATE _____ VERIFIED _____

FIRST COMMUNION DATE _____ CHURCH _____ CITY _____ STATE _____

FIRST RECONCILIATION _____ CHURCH _____ CITY _____ STATE _____

SCHOOL/KINDERGARTEN LAST ATTENDED _____ GRADE _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

List siblings and ages _____

PARENTS COMMENTS CONCERNING STUDENT'S HEALTH
 LEARNING PROBLEMS OR NEEDS, SOCIAL ADJUSTMENT, ETC. _____

**STUDENTS BAPTIZED OUTSIDE OF THE PARISH MUST PRODUCE A BAPTISMAL
 CERTIFICATE FOR VERICATION BY ADMINISTRATOR**

PARENT'S SIGNATURE _____ DATE _____