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 _____ MAIDEN _____ 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 _____ _____

_____ _____

_____ _____

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

_____

_____

_____

STUDENTS BAPTIZED OUTSIDE OF THE PARISH MUST PRODUCE A BAPTISMAL CERTIFICATE FOR VERIFICATION BY ADMINISTRATOR.

PARENT'S SIGNATURE _____ DATE _____