

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 _____ STATE _____ ZIP CODE _____
 CITY _____ BUSINESS PHONE NUMBER _____
 RELIGION _____

MOTHER'S LAST NAME _____ MAIDEN _____ FIRST _____ MIDDLE _____
 ADDRESS _____ STATE _____ ZIP CODE _____
 CITY _____ BUSINESS PHONE NUMBER _____
 RELIGION _____

STUDENT LIVES WITH: FATHER and MOTHER
 FATHER MOTHER
 GUARDIAN OTHER _____
SPECIFY

IF GUARDIAN: LAST NAME _____ FIRST _____ MIDDLE _____
 ADDRESS _____ STATE _____ ZIP CODE _____
 CITY _____ 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 _____