



ARCHDIOCESE OF INDIANAPOLIS  
NEW STUDENT REGISTRATION FORM

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:  MM/DD/YYYY    Language Spoken:

Address:  City:  State:  Zip:

Phone Number:  Place of Birth:

Religion:  Church/Home Parish:

Baptismal Date:  MM/DD/YYYY    Location:

First Communion Date:  MM/DD/YYYY    Church:  Location:

First Reconciliation Date:  MM/DD/YYYY    Church:  Location:

School Last Attended:  Grade(s):  Location:

PARENT/GUARDIAN INFORMATION

FATHER/GUARDIAN

Last Name:  First:  Religion:

Address:  City:  State:  Zip:

Home Phone:  Cell Phone:  Email:

MOTHER/GUARDIAN

Last Name:  First:  Religion:

Address:  City:  State:  Zip:

Home Phone:  Cell Phone:  Email: