

Student information:

Last Name First Middle Sex DOB / /

Address City State Zip Code

Mother's information:

Mother's Name

Address Check box if same as student City State Zip Code

Mother's Email @ Cell Phone # () - Additional Phone # () -

Father's information:

Father's Name

Address Check box if same as student City State Zip Code

Father's Email @ Cell Phone # () - Additional Phone # () -

Sibling information:

Name of Sibling #1:	<input type="text"/>	Age:	<input type="text"/>
Name of Sibling #2:	<input type="text"/>	Age:	<input type="text"/>
Name of Sibling #3:	<input type="text"/>	Age:	<input type="text"/>
Name of Sibling #4:	<input type="text"/>	Age:	<input type="text"/>

Office Use Only

Required Documents:			Registration Fee:	
Immunizations	Y	N	Amount	<input type="text"/>
Birth certificate	Y	N	Date Paid	<input type="text"/>
Baptism certificate	Y	N	Cash/Check#	<input type="text"/>

Please answer questions on both sides of this form!

St. Mark Catholic School Student Registration Form - Archdiocese of Indianapolis

Registration Questions:

What, if any, Preschool or Daycare did your child attend? _____

What year did your child first attend a school in the United States? Year: _____ Grade level: _____

Circle One

Is your family Catholic? Y or N Are you active parishioners at St. Mark? Y or N

If No to previous question, what religion or church are you affiliated with? _____

Has your child been baptized? Y or N If Yes, what church? _____ Date? _____

Does your student have an IEP? Y or N

Did the student qualify for free or reduced lunch at their previous school? Y or N

How would you describe your Race/Ethnicity?

Hispanic American Indian Asian Black Pacific Islander White Multiple

What is your child's country of origin? _____ What language is spoken at home? _____

Office Staff Notes:

Student STN: