



Saint Paul Catholic School

1755 West Harrison Boulevard

Valparaiso, IN 46385

Phone: (219) 462-3374 Fax (219) 477-1763

Email: stpaul8@comcast.net Website: [www.stpaulvalpo.org](http://www.stpaulvalpo.org)

2016-17 NEW STUDENT REGISTRATION FORM

ALL INFORMATION MUST BE COMPLETED

Legal Student Name \_\_\_\_\_  
(Last) (First) (Middle) (Classroom) Name

Grade (Circle): K 1 2 3 4 5 6 7 8 Gender: M or F

Current School Attending: \_\_\_\_\_

Place of Birth \_\_\_\_\_ Birthday \_\_\_\_\_  
(City, State)

[Attach copy of the Birth Certificate]

Home Address \_\_\_\_\_ Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Religion \_\_\_\_\_  
Father's Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
Parish Membership \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Email Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Religion \_\_\_\_\_  
Mother's Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
Parish Membership \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Email Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Child lives with: \_\_\_\_\_ Relationship \_\_\_\_\_

IF YOUR CHILD HAS NOT RECEIVED THE FOLLOWING SACRAMENTS, PLEASE LEAVE BLANK.

BAPTISM \_\_\_\_\_  
(Church) (City, State) (Month, Day, Year)

[Attach copy of the Baptismal Certificate – even if baptized at Saint Paul Church]

RECONCILIATION \_\_\_\_\_  
(Church) (City, State) (Date)

COMMUNION \_\_\_\_\_  
(Church) (City, State) (Date)

CONFIRMATION \_\_\_\_\_  
(Church) (City, State) (Date)