



Archdiocese of Indianapolis

St. Michael-St. Gabriel the Archangel Catholic Elementary School

[Note: Each child attending St. Michael-St. Gabriel must have this form on file.]

Office Use Only

Last Name: _____
STN: _____
Grade: _____ Priority _____
Birth Certificate on File: _____
Vaccination Record on File: _____
Home Language Survey on File: _____
Individualized Education Plan (IEP): _____

New Student Enrollment Form

Please PRINT.

Student's Legal Name: _____
First Middle Last

Date of Birth (Month/Day/ Year): _____ Gender: _____

City, State, and Country of Birth: _____

Current Address: _____

Home Phone Number: _____

Alternate Phone Number: _____

Student's Religion: _____

Student's Parish: _____

Student's Ethnicity/Race Data - Both questions
must be answered (for statistics only):
Is this student Hispanic/Latino?
___ No, not Hispanic/Latino
___ Yes, Hispanic/Latino
What is the individual's race? Choose one.
___ American Indian or Alaskan Native
___ Asian
___ Black or African American
___ Multiracial
___ Native Hawaiian or Pacific Islander
___ White or Caucasian

Baptism: Date: _____ Church: _____ City: _____ State: _____

First Reconciliation: Date: _____ Church: _____ City: _____ State: _____

First Communion: Date: _____ Church: _____ City: _____ State: _____

What grade was your child in during 2019-2020? _____ Where did your child attend school for the 2019-2020 school year?

School Name: _____ City: _____ State: _____

In what public school corporation does your child reside? _____

Has the applicant ever been suspended or expelled? ___ No ___ Yes If yes, please attach an explanation.

Does your child currently have any of the following plans? ___ IEP ___ CSEP ___ 504 Plan* (Please provide a copy.)
*We cannot accommodate 504 plans.

Has this child ever received any special services for a behavior disability, learning disability, physical or academic impairment, or
communication disorder, etc.?

___ Yes ___ No What services were provided? _____

What was the first language learned by this child? _____

Does this student often speak a language other than English at home? ___ If yes, what language? _____

Signature of Parent/ Guardian: _____ Date: _____

Final decision on enrollment of a student rests in the discretion of the principal,
in consultation with the pastor or president, as needed.



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If applicable, admission is not determined until confirmation is received from prior Catholic school that financial obligations are current.

Family Enrollment Form

School Year: 2020-2021

Returning Family New Family

Today's Date: _____

Mother's or Guardian's Information:

First Name _____ Last Name _____

Relationship to the Student: _____

Education (Check highest level achieved.)
 Elementary School High School
 College Courses College Degree Postgraduate

Cell Phone: _____

E-Mail Address: _____

Occupation: _____

Employer: _____

Work Number: _____

Father's or Guardian's Information:

First Name _____ Last Name _____

Relationship to the Student: _____

Education (Check highest level achieved.)
 Elementary School High School
 College Courses College Degree Postgraduate

Cell Phone: _____

E-Mail Address: _____

Occupation: _____

Employer: _____

Work Number: _____

List children who will attend St. Michael-St. Gabriel.

Name	Birth date	Age
1		
2		
3		
4		
5		

List all other children in your family.

Name	Birth date	Age
1		
2		
3		
4		
5		

Children live with: Both Parents Mother Father Stepmother Stepfather
 Other: _____

Parents' Marital Status: Married Single, never married Separated* Divorced*
 Remarried* *Copy of custody/guardianship paper required

Is there another language other than English spoken at home? If yes, what language? _____

Does at least one parent read English? If no, what language can be read? _____

Signature of Parent/ Guardian: _____ Date: _____