



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: \_\_\_\_\_

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

First Reconciliation: Date: \_\_\_\_\_ Church: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

First Communion: Date: \_\_\_\_\_ Church: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

What grade was your child in during 2018-2019? \_\_\_\_\_ Where did your child attend school for the 2018-2019 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 explain.

Does your child currently have any of the following plans? \_\_\_ IEP \_\_\_ CSEP \_\_\_ 504 Plan (Please provide a copy.)

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: \_\_\_\_\_

<p>Final decision on enrollment of a student rests in the discretion of the principal, in consultation with the pastor or president, as needed.</p>
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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: 2019-2020 \_\_\_ 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.

Table with 3 columns: Name, Birth date, Age. Rows 1-5.

List all other children in your family.

Table with 3 columns: Name, Birth date, Age. Rows 1-5.

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: \_\_\_\_\_