



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

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 _____ (City, State) Birthday _____

[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)