



Lumen Christi Catholic School
580 E. Stevens St.
Indianapolis, Indiana 46203
317-632-3174
admin@LumenChristiSchool.org

New Student Registration Information

Preliminary Information Required for Interview (please type or print)

Father's full name:

Address:

E-Mail:

Home Phone:

Day Phone:

Father's Religion and Place of Worship:

Mother's full name:

Address:

E-Mail:

Home Phone:

Day Phone:

Mother's Religion and Place of Worship:

Legal Guardian's full name & relationship to student:

Address:

E-Mail:

Home Phone:

Day Phone:

Guardian's Religion and Place of Worship:

Student or Students Name	Gender	Age	Birthdate	Grade Entering	Current School

Dates of Sacraments Received	Baptism	Reconciliation	Holy Communion	Confirmation
Student or Students Name				

Do any of your children have learning disabilities? If yes, please explain.

Do any of your children have behavioral problems? If yes, please explain.

Are there any medical conditions, which require attention at school? If yes, please explain.

Are any of your children currently taking medication on a regular basis? If yes, please explain.

How did you find out about Lumen Christi Catholic School?

Please explain why you may be interested in your child attending Lumen Christi Catholic School.

Please call 632-3174 to confirm that the Registration Form has been returned to Lumen Christi.

Upon receipt of this form and the Recommendation for Admission, we will contact you for an interview.