

# Student Registration Card

Check one:  New Student  
 Returning Student

Today's Date \_\_\_/\_\_\_/\_\_\_

\_\_\_\_\_ Circle: Male or Female  
*Last Name* *First Name* *Middle Name*

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Are you Catholic? Yes No Baptized? Yes No Confirmed? Yes No

Campus Address: \_\_\_\_\_ Apt. or Unit No. \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Ext. \_\_\_\_\_

Country: \_\_\_\_\_ Email: \_\_\_\_\_

*Please print clearly*

Student Classification (*please circle one*): Freshman Sophomore Junior Senior Graduate Student

Major: \_\_\_\_\_ Expected Graduation Date: \_\_\_\_\_

## Side 2

Home Parish: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Parent's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

### ***If you are married, please complete the following:***

Spouse Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Is Spouse Catholic? Yes No Baptized? Yes No Confirmed? Yes No

Student Spouse Classification (*please circle one*): Freshman Sophomore Junior Senior Graduate Student

Major: \_\_\_\_\_ Expected Graduation Date: \_\_\_\_\_

Children (*List names*): \_\_\_\_\_

***Drop in the collection basket or mail to St. Thomas Aquinas Center, 535 State Street, West Lafayette, IN 47906***