



Student Enrollment Application
Marian High School
1311 S. Logan St. • Mishawaka, IN 46544
www.marianhs.org
Phone 574-259-5257 Fax 574-258-7678

_____	Admissions Office
_____	Registration Fee
_____	Commitment to Pay
_____	Request for Fin. Aid
_____	Parish Verification
_____	Guidance Office
_____	I.E.P. Coordinator

Please PRINT all information

Date of Application _____

Student's Social Security # _____
 (MUST BE INCLUDED)

Year of Graduation _____

Student's Name _____
 (Last) (LEGAL First Name) (Middle)

Address _____
 (Street) (City) (State) (Zip)

County _____ Home Phone _____ Student's E-Mail _____

Date of Birth _____ Place of Birth _____

Gender: Male _____ Ethnic Code (Please Circle): 01 American Indian 02 Black/NonHispanic 03 Asian
 Female _____ 04 Hispanic 05 White/NonHispanic 06 Multi

Student's Religion: _____ Place of Baptism _____
 (Parish) (City and State)

Father's Name _____ Religion _____
 Circle One: Dr. Mr.

Father's Place of Employment _____ Work Phone _____

Employment Address _____

E-Mail Address _____ Cell Phone _____

Mother's Name _____ Religion _____
 Circle One: Dr. Mrs. Ms. Miss

Mother's Place of Employment _____ Work Phone _____

Employment Address _____

E-Mail Address _____ Cell Phone _____

Are Parents: Separated? _____ Divorced? _____ With which parent does student live? _____

Name of other Natural Parent _____ Phone _____

If student does not live with either parent, give name, address, and relationship of person with whom he/she lives:

Emergency Contact _____
 (Name) (Address) (Phone)

Family Physician: _____ Phone _____

****PLEASE COMPLETE THE REVERSE SIDE OF THIS FORM****

