

For internal use

Date Deposit Received _____

Welcome to Bishop Chatard High School! Class of 2026/2027/2028 Trojan Intent Form

Please fill out and return this form with the deposit to secure your spot at Bishop Chatard High School!! Please contact Karen Aruta, karuta@bishopchatard.org, or 317-251-1451, ext. 2234, with any questions.

Student's Full Name (first, middle, last):	
Parent/Guardian Name 1:	Parent/Guardian Name 2:
Phone 1:	Phone 2:
Official E-mail (primary communication with Bishop Chatard	H.S.):
Student's Social Security Number:	
I am enrolling my student at Bishop Chatard for the 2024-202	25 school year. (Choose one of the following options.)
two or more students attending Bishop Chatard next please make checks payable to Bishop Chatard High Sc **New families must pay via, check, cash or charge accounts cannot be used for BCHS deposits/tuition. A For current BCHS families • I have a Bishop Chatard High Geposit, for all your 2024-2025 BCHS students. You dereturn this form.	hool. card (scan the QR code below). (Grade school FACTS BCHS FACTS account will be set up after enrollment.) FACTS account. h School, we will automatically set up a registration
If you wish to enroll your child, but are unable to pay the tuition@bishopchatard.org. On a case-by-case basis, a	
New families can scan the QR Code to pay deposit with a charge card.	
This form must be submitted by all students who int Please mail using the return envelope in the acceptance p	

Check # _____

FACTS _____