

# St. Robert Bellarmine School

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Registration School Year \_\_\_\_\_

Registration Fee Paid: \_\_\_\_\_

## FAMILY INFORMATION

Last name of child:		Last name of parent/legal guardian if different:	
Mom's Email:		Dad's Email:	
Address:		City:	Zip Code:
Home Phone:	Mom's Cell Phone:	Dad's Cell Phone:	
Ethnic Background - Circle one: White, Non-Hispanic   American Indian   Asian   Black, Non-Hispanic   Hispanic			
What languages are spoken at home?			
Parish Status - Circle one: Participating Parishioner   Non-Participating Parishioner   Catholic, Non-Parishioner   Non-Catholic			

## STUDENT'S INFORMATION

Student's First Name:		Middle Name:	Last Name:	
Birth Date:	City:	State:	Country:	Certificate #:
Grade Entering:	Transferred from:	Date:	City:	State:
Religion:				
Baptism - Church:	Date:	City:	State:	
Communion - Church:	Date:	City:	State:	
Confirmation - Church:	Date:	City:	State:	

## PARENT/LEGAL GUARDIAN INFORMATION

<b>Father's First &amp; Last Name:</b>				
Address, if different:			Religion:	
Occupation:			Work Phone:	
<b>Mother's First &amp; Last Name:</b>			Maiden Name:	
Address, if different:			Religion:	
Occupation: Work Phone:				
<b>Legal Guardian's First &amp; Last Name:</b>				
Address, if different:			Religion:	
Occupation:			Work Phone:	
<b>Marital Status</b> (Circle all that apply.)   Married & living together   Living Apart   Dad Deceased   Mom Deceased Divorced   Separated   Mom Remarried   Dad Remarried				

**CHILD LIVES WITH:**