

St. Robert Bellarmine School

PK-4

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			
What days will your child attend? Circle. M Tu W Th F Will they be Full Day or Half Day? Full Half			

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

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