

St. Robert Bellarmine School
Registration 2022-2023

Reg. Fee: _____
 For Grade: _____

P3

FAMILY INFORMATION

Last name of child:	Mom's email:
Last name of parent or legal guardian if different:	Dad's email:
Address:	City Zip Code
Home Phone: ()	Cell Phone: () Pager: ()
Ethnic Background: Please check one:	<input type="checkbox"/> White <input type="checkbox"/> American <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Indian <input type="checkbox"/> Non-Hispanic
What Language is spoken in the home?	M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> full days / half days (circle one)
Parish Status: Please check one:	<input type="checkbox"/> Participating Parishioner <input type="checkbox"/> Non-Participating Parishioner <input type="checkbox"/> Catholic Non-Parishioner <input type="checkbox"/> Non-Catholic
Approximately how many miles do you travel each way to SRB?	
What means of transportation is used to get to and from school?	

CHILD'S INFORMATION

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

PARENT/GUARDIAN INFORMATION

FATHER's First Name:	Last:	MOTHER's First Name:	Last:
Address if different:		Address if different:	
Home Phone if different:		Home Phone if different:	
Occupation:		Occupation:	
Business Phone:		Business Phone:	
Birthplace:		Birthplace: Maiden Name:	
Religion:		Religion:	
GUARDIAN (if <u>other</u> than parents)		MARITAL STATUS (check all that apply)	
First Name:	Last:	Married and living together <input type="checkbox"/>	Living Apart <input type="checkbox"/>
Address if different:		Dad deceased <input type="checkbox"/>	Divorced <input type="checkbox"/>
Home Phone if different:		Mom deceased <input type="checkbox"/>	Separated <input type="checkbox"/>
Occupation:		Mom Remarried <input type="checkbox"/>	Dad Remarried <input type="checkbox"/>
Business Phone:			
Birthplace: Religion:			
CHILD LIVES WITH:		RELATIONSHIP:	