

St. Robert Bellarmine School
Registration 2022-2023

Reg. Fee: _____

For Grade: _____

PK4

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:	