

DIOCESE OF LANSING STUDENT REGISTRATION

(SAINT ROBERT SCHOOL)

- Please fill out **ALL** requested information completely
- Only needs to be filled out once by each Kdg student or student new to the school

Name _____ Date of Birth _____

Address _____ Phone _____

City, State, Zip _____

Place of Birth (City, State, Country) _____

Date of Baptism _____ Place _____

Date of First Communion _____ Date of Confirmation _____

Father's Name _____ Occupation _____

Religion _____ Cell Phone _____ Country of Birth _____

Mother's Name _____ Occupation _____

Religion _____ Cell Phone _____ Country of Birth _____

Parishioner: _____ Father's Email _____

Non-Parishioner: _____ Mother's Email _____

Date of Registration _____ for Grade _____ from _____
(Name of school last attended)

in _____
(Address) (City) (State) (Zip)