

SAINT ROBERT BELLARMINE SCHOOL REGISTRATION AGREEMENT

REGISTRATION FOR THE 20____ - 20____ SCHOOL YEAR.

(PLEASE PRINT LEGIBLY)

Father/Guardian Last Name _____
Title _____ First Name _____
Home Address _____
City _____ Zip _____
Cell Phone () _____
Land Line Phone () _____
Email _____
Occupation _____
Religion _____ Church _____
School District _____

Mother/Guardian Last Name _____
Title _____ First Name _____
Home Address (if different) _____
City _____ Zip _____
Cell Phone () _____
Land Line Phone () _____
Email _____
Occupation _____
Religion _____ Church _____
School District _____

Please complete the following questions:

- 1) **Parents are:** () Married () Divorced () Separated () Mother Deceased () Father Deceased
- 2) **Student Lives With:** () Both Parents () Mother () Father () ½ Mom & ½ Dad () Other Relative _____
- 3) **Does your child(ren) have an IEP from another school?** () No () Yes Name of School: _____
- a. **Name of child(ren) with IEP:** _____

I (We) will abide by all rules and regulations for students at St Robert School.

Date: _____ Signature: _____

Date: _____ Signature: _____

List all students who will be attending St. Robert School, for whom a commitment is made:

Child's Legal Name (First Name / Middle Name / Last Name)	Birth Date (MM/DD/YYYY)	Gender	Grade (For New School Year)
1.			
2.			
3.			
4.			
5.			

Please return this and all registration forms to:

Saint Robert Parish Office
310 N. Cherry Street
Flushing, Michigan 48433

Consider your registration accepted unless you are notified otherwise in writing.