



Saint Brigid Catholic School 2018-19 Registration Form

www.school.stbrigid-midland.org

130 W. Larkin St.
Midland, MI 48640
989.835.9481

Student Information

Last Name _____ First Name _____ MI _____ Gender: F M Grade _____

Birthdate _____ Birthplace _____ Primary Phone _____ Religion _____

Address _____ City _____ Zip _____

Last School Attended _____ Grade Completed _____
(name) (address)

Sibling Name _____ Saint Brigid Student: yes no D.O.B. _____ Grade: _____

Sibling Name _____ Saint Brigid Student: yes no D.O.B. _____ Grade: _____

Sibling Name _____ Saint Brigid Student: yes no D.O.B. _____ Grade: _____

Family Information

Parent/Guardian 1 * Are you a Legal Guardian of the student? Yes No
Dr. Mr. Mrs. Ms. Last Name _____ First Name _____

Address (*if different from student*) _____ City _____ Zip _____

Email _____ Relationship to Student _____ Religion _____

Phone _____ cell work home Phone _____ cell work home

Parent/Guardian 2 * Are you a Legal Guardian of the student? Yes No
Dr. Mr. Mrs. Ms. Last Name _____ First Name _____

Address (*if different from student*) _____ City _____ Zip _____

Email _____ Relationship to Student _____ Religion _____

Phone _____ cell work home Phone _____ cell work home

Ethnicity: Is this student Hispanic, Latino, or of Spanish origin? Yes No (check only one)
Race: Please mark one or more boxes to indicate your student's race, no matter what you selected above.
 American Indian or Alaska Native Asian Black or African American
 Native Hawaiian or Other Pacific Islander White
Language: Language spoken at home, if other than English _____

*****School Office Use Only*****

Birth Certificate

Hearing/Vision
Entry Date _____

Immunizations

Emergency Contact and Transportation Information (if unable to contact Parent/Guardian(s). Please list in order of preference).

- 1.) Name _____ Relationship to Student _____
 Emergency contact Authorized pick up both Phone _____ cell work home
- 2.) Name _____ Relationship to Student _____
 Emergency contact Authorized pick up both Phone _____ cell work home
- 3.) Name _____ Relationship to Student _____
 Emergency contact Authorized pick up both Phone _____ cell work home
- 4.) Name _____ Relationship to Student _____
 Emergency contact Authorized pick up both Phone _____ cell work home
- 5.) Name _____ Relationship to Student _____
 Emergency contact Authorized pick up both Phone _____ cell work home

Health Information

Please list any special medical conditions (i.e. **allergies**) or other pertinent medical information about the student

Additional Information

Is there anything the school should know regarding your child? (i.e. special needs, I.E.P, 504 plan, special services)

Parish Information

Parish Membership: Assumption of the BVM Blessed Sacrament Our Lady of Grace Saint Brigid
Other Parish _____

Sacraments Received: Baptism Reconciliation Confirmation First Eucharist

Referral Program – Complete *ONLY* if you are a new family to Saint Brigid School for the 2018-2019 school year

How did you learn of our school? _____

If a current family referred you, please indicate the family name: * _____

By signing below, I/we confirm the accuracy of the information provided above and respectfully request that my/our child be registered at Saint Brigid Catholic School for the 2018-2019 school year.

Child's Name

Grade in 2018-2019

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date