



Saint Brigid Catholic School 2017-18 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: Female Male Birthdate _____ Birthplace _____

Address _____ City _____ Zip _____

Last School Attended (new students) _____
(name) (address)

Last Grade Completed (new students) _____ Grade Entering _____

Sibling Name _____ Saint Brigid Student: yes no Grade: _____

Sibling Name _____ Saint Brigid Student: yes no Grade: _____

Family Information

Parent/Guardian 1

* Are you a Legal Guardian of the student? Yes No

Dr. Mr. Mrs. Ms. Name _____

Address _____ City _____ Zip _____

Email _____ Religion _____

Primary Phone _____ cell work home

Secondary Phone _____ cell work home

Parent/Guardian 2

* Are you a Legal Guardian of the student? Yes No

Dr. Mr. Mrs. Ms. Name _____

Address _____ City _____ Zip _____

Email _____ Religion _____

Primary Phone _____ cell work home

Secondary Phone _____ cell work home

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Parish Information

Religion _____

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

Other Parish _____

Sacraments Received: Baptism Reconciliation Confirmation First Eucharist

Kindergarten Information

All Day Kindergarten (7:55 – 3:00) Morning Kindergarten **ONLY** (7:55 – 11:00)

Does your child receive special education services? Yes No

If yes, which type? Occupational Therapy Physical Therapy Speech Therapy

Referral Program – Complete *ONLY* if you are a new family to Saint Brigid School for the 2017-2018 school year

How did you learn of our school? _____

If a current parent referred you, please indicate his/her name: * _____

*This family may be eligible to receive a \$100 tuition credit for each new family referred.

Additional Information -

Is there anything the school should know regarding your child? (i.e.: special needs, interests, likes/dislikes)

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 2017-2018 school year.

Child's Name

Grade in 2017-2018

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date