



ST. ROBERT BELLARMINE

CATHOLIC ELEMENTARY SCHOOL

BURBANK, CALIFORNIA - ESTABLISHED 1907

Application for Enrollment

154 NORTH FIFTH STREET • BURBANK, CA. 91501 • (818) 842-5033 • FAX: (818) 842-3246 • www.srburbankschool.com

School Year: _____ - _____

Grade Entering: _____

Registration Date: _____

STUDENT INFORMATION

LAST NAME	FIRST	MIDDLE	SEX	BIRTHDATE-MO. DAY. YR	BIRTHPLACE
ETHNIC BACKGROUND	RELIGION	SOCIAL SECURITY # - -		LANGUAGE SPOKEN AT HOME	

LAST SCHOOL ATTENDED

SCHOOL NAME	ADDRESS	CITY	ZIP CODE	TELEPHONE ()
REASON FOR LEAVING				

FAMILY INFORMATION

FATHER-FIRST NAME	MIDDLE	LAST	BIRTHPLACE	RELIGION	OCCUPATION	MARITAL STATUS	DECEASED
MOTHER-FIRST NAME	MIDDLE	LAST	BIRTHPLACE	RELIGION	OCCUPATION	MARITAL STATUS	DECEASED
GUARDIAN/LEGAL STEPPARENT	MIDDLE	LAST	BIRTHPLACE	RELIGION	OCCUPATION	MARITAL STATUS	RELATIONSHIP

EMAIL INFORMATION

FATHER-EMAIL	MOTHER-EMAIL
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RESIDENCE INFORMATION (FOR: GUARDIAN/LEGAL STEPPARENT ADD RESIDENCE INFORMATION)

FATHER-ADDRESS	CITY	ZIP CODE	TELEPHONE ()
MOTHER-ADDRESS	CITY	ZIP CODE	TELEPHONE ()

OVER



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CHURCH INFORMATION

BAPTISM DATE	CHURCH	ADDRESS	CITY	ZIP CODE
1 ST . COMMUNION	CHURCH	ADDRESS	CITY	ZIP CODE

Why would you like your child/ren to attend St. Robert Bellarmine School?

How did you hear about St. Robert Bellarmine School?

Please list any relatives attending our school.

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Describe any special health needs your child may have:

Is there anything we need to know that would help us in providing for your child's educational needs?

Office Use Only

	Check	Cash	Money Order
Application Fee			
Registration Fee			
Student Fee			