



# Saint Brigid Catholic School 2019-20 Registration Form

<https://stbrigid-midland.org/school/>

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  Immunizations  
Entry Date \_\_\_\_\_

**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

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**Additional Information**

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

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**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: \* \_\_\_\_\_

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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 2019-2020 school year.

Child's Name

Grade in 2019-2020

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date