



New Student Application for Enrollment

*This application form must be submitted for all new students. Families new to the school should include a check for \$250 payable to St. Robert School. This **non-refundable** fee will be applied to registration fees (\$95) and tuition (\$155).*

Part One - Student Information

Please Print

Name of Student _____ Sex _____
(Last) (First) (Middle)

Address _____

City, State _____ Zip Code _____

Home Phone _____ Primary E-Mail Address _____

Birth Date _____ Place of Birth _____

Grade Entering in Fall, 2010 _____ If **K- 4** or **K- 5** select preference: ___ Half-day ___ All-day

Ethnic Group – for reporting purposes only, please check most characteristic: ___ Alaskan/Native American
___ Asian/Pacific Islander ___ Black/African-American ___ Hispanic
___ White/Caucasian/Middle Eastern ___ Bi-racial (Specify: _____)

Religion _____

Baptism _____
(Date) (Church) (City, State)

Reconciliation _____
(Date) (Church) (City, State)

First Eucharist _____
(Date) (Church) (City, State)

If the student was previously enrolled at another school, please fill out the information below.

School Name _____ School Phone _____ Date Left _____

School Address _____
(City, State) (Zip Code)

Is/was your child enrolled in or recommended for exceptional education? _____

If yes, please indicate the program _____

Does your child have any medical restrictions? _____

If yes, please list them _____

Please return this form in the envelope provided or mail to:
St. Robert School
2200 E. Capitol Drive
Shorewood, WI 53211

For School Office Use

Date Received _____
Check # _____ Amount _____
Parishioner Status Verified _____
Date Sent for Records _____
Date Records Received _____

Part Two - Parent Information

Father's Information

Name _____
(First) (Middle) (Last)

Home Address _____
(City, State) (Zip Code)

Place of Employment _____ Occupation/Position _____

Home Phone _____ Cell Phone _____ Work Phone _____

E-Mail Address _____

Religion _____ St. Robert Parishioner? Yes No

Parish, if not St. Robert _____

St. Robert Alumnus? If yes, class year _____

Mother's Information

Name _____
(First) (Middle) (Last) (Maiden)

Home Address _____
(City, State) (Zip Code)

Place of Employment _____ Occupation/Position _____

Home Phone _____ Cell Phone _____ Work Phone _____

E-Mail Address _____

Religion _____ St. Robert Parishioner? Yes No

Parish, if not St. Robert _____

St. Robert Alumna? If yes, class year _____

Marital Status of Parents Married Separated Divorced Single

Child resides with: _____
(Name/s) (Relationship)

Who has legal custody of the child? _____

Language spoken at home _____

Sibling Information

Name _____ Birth date _____ Current School _____

Name _____ Birth date _____ Current School _____

Name _____ Birth date _____ Current School _____