



# 2017 – 2018 Student Application

Application Fee \$50

Application for Grade: \_\_\_\_\_

## Student Information

Student Name: \_\_\_\_\_  
(Last) (First) (Middle) (Phone)

Address: \_\_\_\_\_  
(Street) (City / Town) (State / Zip)

Place of Birth: \_\_\_\_\_ Date Of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Family Information

Father's Name: \_\_\_\_\_  
(Last) (First) (Religion)

\_\_\_\_\_  
(Occupation) (Employer) (Work Phone)

\_\_\_\_\_  
(Cell Phone) (Email) Alumnus: Yes No

Mother's Name: \_\_\_\_\_  
(Last) (First) (Maiden) (Religion)

\_\_\_\_\_  
(Occupation) (Employer) (Work Phone)

\_\_\_\_\_  
(Cell Phone) (Email) Alumna: Yes No

Student Lives With:  Both Parents  Mother  Father  Other: \_\_\_\_\_

Siblings: \_\_\_\_\_  
(Name) (Age) (School) (Grade)

\_\_\_\_\_  
(Name) (Age) (School) (Grade)

\_\_\_\_\_  
(Name) (Age) (School) (Grade)

## Educational Background

Applicants Current School: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Has the applicant ever repeated a grade? Yes No If yes, which grade(s): \_\_\_\_\_

Is the applicant currently receiving special education services? Yes No Specify: \_\_\_\_\_

Has the applicant ever received special education services? Yes No Specify: \_\_\_\_\_

## Grandparent Information

Grandparent(s) 1: \_\_\_\_\_  
(Last) (First)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Email) (Phone)

Grandparent(s) 2: \_\_\_\_\_  
(Last) (First)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Email) (Phone)

Grandparent(s) 3: \_\_\_\_\_  
(Last) (First)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Email) (Phone)

## Ethnic Information (optional)

Ethnic Group (optional):

- |                                   |   |
|-----------------------------------|---|
| <input type="checkbox"/> Asian    | <input type="checkbox"/> Caucasian                          |
| <input type="checkbox"/> Black    | <input type="checkbox"/> American Indian / Native Alaskan   |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Native Hawaiian / Pacific Islander |

Language(s) Spoken at Home: \_\_\_\_\_

**Sacrament Information (if applicable)**

Baptism: \_\_\_\_\_  
(Month/Day/Year) (Church) (City, State)

First Reconciliation: \_\_\_\_\_  
(Month/Day/Year) (Church) (City, State)

First Communion: \_\_\_\_\_  
(Month/Day/Year) (Church) (City, State)

Parish\*: \_\_\_\_\_  
(Name) (Town) (Envelope Number)

\* You must be a registered and contributing member to receive the affiliated tuition rate.

How did you hear about St. Bernard School? \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**For Office Use Only**

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Baptismal Record \_\_\_\_\_

Birth Certificate: \_\_\_\_\_ Verified By: \_\_\_\_\_

Health Record \_\_\_\_\_

Deposit Paid \$ \_\_\_\_\_ Check # \_\_\_\_\_

Date Received \_\_\_\_/\_\_\_\_/\_\_\_\_ By: \_\_\_\_\_

Deposited: \_\_\_\_\_