



232 Pearl Street, Enfield, CT 06082 Phone (860) 745-5275
www.sbsenfield.org

Where Faith and Knowledge Meet...

2018 – 2019 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

Baptismal Record _____

Birth Certificate: _____ Verified By: _____

Health Record _____

Deposit Paid \$ _____ Check # _____

Date Received ____/____/____ By: _____

Deposited: _____