
Today's Date

**Saint Bernard Catholic School
Admissions Application**

Family Last Name

STUDENT INFORMATION

Full (Last) _____ (First) _____ (Middle) _____ Previous School _____
Name _____
Date of Birth _____ Gender _____ Ethnicity _____ **SSN** _____ Grade at Enrollment _____
Home Address _____ City _____ State _____ Zip _____
Home Phone _____ **Parish/Church** _____

For Office Use Only:			
STN _____	Birth Certificate? _____	Immunization Record? _____	Bus Numbers: A.M. _____
Date Enrolled _____		Baptismal Record? _____	P.M. _____

FAMILY INFORMATION

Father's Name _____ Cell Phone _____ Custody: Legal Physical
Address, if different _____ City _____ State _____ Zip _____
Place of Employment _____ Work Phone _____ E-Mail _____
Stepmother's Name, if applicable _____ Her Phone Number _____

Mother's Name _____ Cell Phone _____ Custody: Legal Physical
Address, if different _____ City _____ State _____ Zip _____
Place of Employment _____ Work Phone _____ E-Mail _____
Stepfather's Name, if applicable _____ His Phone Number _____

Siblings not at Saint Bernard:

Name _____ Age _____ School Attending _____

EMERGENCY CONTACT INFORMATION (not in your immediate household, available during the day)

Name _____ Relationship _____
Home Phone _____ Work Phone _____ Cell Phone _____

Name _____ Relationship _____
Home Phone _____ Work Phone _____ Cell Phone _____

SPECIAL SERVICES REQUIRED (check all that apply)

- | | | | |
|---|---|--|---|
| <input type="radio"/> Speech/Language | <input type="radio"/> Autism | <input type="radio"/> Traumatic Brain Injury | <input type="radio"/> Other Special Needs |
| <input type="radio"/> LD | <input type="radio"/> Other Health Impaired | <input type="radio"/> Emotional Handicap | <input type="radio"/> Title I |
| <input type="radio"/> Hearing Impaired | <input type="radio"/> Dual Sensory Impairment | <input type="radio"/> Multiple Handicaps | <input type="radio"/> 504 |
| <input type="radio"/> Visually Impaired | <input type="radio"/> Orthopedic Impairment | <input type="radio"/> Mental Handicap | <input type="radio"/> Gifted/Talented |

REFERRED BY: _____

Completion of this form does not guarantee acceptance to Saint Bernard Catholic School.