

ST. BERNARD'S PRESCHOOL ADMISSIONS APPLICATION

Date: _____ Social Security# _____

■ STUDENT APPLICATION INFORMATION

female
 male

Last Name _____ First Name _____ Middle Initial _____ Preferred Name _____

Home Address: _____
Street _____ City _____ State _____ Zip _____

Telephone: _____ Alternate/Cell: _____

Student email: _____ Birth Place & Date: _____

Religious Affiliation of Student: _____

CATHOLICS ONLY/Date of Baptism: _____

Our family is Registered at the following Parish: _____

Nationality:

White Asian African American Hispanic Native American Multi-Racial Native Hawaiian/Pacific Islander Home Language: _____

■ EDUCATIONAL INFORMATION

Has your child ever received special services in any of the following programs:

If YES, check all that apply: IEP 504 Speech Probation GATE OTHER _____ NONE

■ FAMILY INFORMATION

Student lives with: Both Parents Part-Time with each parent Mother Father Grandparent(s) Guardian
 Parents divorced/separated Mother deceased Father deceased Mother remarried Father remarried

Preferred daytime telephone for Parent/Guardian: _____ Email for Parent/Guardian _____

Custodial Mother's Name: _____ employer: _____

Home Address: _____ work phone: _____

Custodial Father's Name: _____ employer: _____

Home Address: _____ work phone: _____

Non-Custodial Parent's Name: _____ employer: _____

Home Address: _____ work phone: _____

Also send official school mailing to non-custodial parent? YES NO

(SIDE 2)

EMERGENCY CONTACT INFORMATION

Emergency Contact	Relationship
Home Address: _____ Street	City State Zip
Telephone: _____	Alternate/Cell: _____

Authorized to pick up child from school in an emergency or the event that we are unable to contact you? YES NO Please list two other individuals authorized to pick up child from school in an emergency or the event we are unable to contact you:

Contact	Phone/Cell
Contact	Phone/Cell

REFERRAL INFORMATION

How did you become interested in St. Bernard's Preschool? (Please check all that apply)

- Family Newspaper Friends Website Alumni Faculty/Staff Other _____

Please indicate the name of any other family who may embrace the same vision and mission of St. Bernard's Academy and whose child may benefit from our school:

Student	Parents
Address	Phone/Cell

I hereby certify that all of the above information is true and accurate to the best of my knowledge, that acceptance is conditional for three months.

Parent Signature	Date	Parent Signature	Date
------------------	------	------------------	------

■ PLEASE INCLUDE THE FOLLOWING WITH YOUR APPLICATION

- ____ 1. Non-refundable application fee

For St. Bernard's Academy Use Only	
_____ Preschool Director	Date _____
_____ President/Principal	Date _____