

APPLICATION FOR ADMISSION

ST. BERNADETTE CATHOLIC SCHOOL 20 BURR STREET NEW HAVEN, CT 06512

*This form is an application for your child for admission to St. Bernadette Catholic School. Please complete the form as thoroughly as possible. Please include a copy of birth & Baptismal certificate. A registration fee of **\$50 per child is required with application payable to SBS.***

STUDENT INFORMATION

Application Date: _____ Date Student Entered: _____

Grade in September: _____ Child's Social Security #: _____

Child's Name (Last Name First): _____

Address: _____

City: _____ State: _____ Zip+4 Code: _____

Email Address: _____ Home Phone: _____

Birth Date: _____ Sex: Male _____ Female _____

Place of Birth **: _____ **Please attach copy of birth certificate.

Race: Caucasian Black Hispanic Asian Native American Other

Is your child a United States citizen? Yes or No (If no, then what nationality is the child?)

Allergies: _____

Special Medical Conditions: _____

Child's Religion: _____ *Catholics please complete sacramental section.*

Siblings/Grade if in this School: _____

Child Lives With: Both Parents, Mother, Father, Parent/Step-Parent, Guardian

If divorced/separated who has legal custody? _____

Please provide the school with any information you feel is important regarding its role in your custody arrangement, i.e.: restraining orders, denial of access to records by non-custodial parent.

Non-custodial parent should receive same information that you receive from the school?

Yes _____ No _____

If yes, please make sure their address is included in this document. If no, you must provide proof or a reason. Under the Family and Educational Rights and Privacy Act the non-custodial parent is entitled to access of the child/children's school records. St. Bernadette Catholic School complies with this requirement.

If child is transferring from another school please give name and address of school currently enrolled at _____

Public School Child Would Attend: _____

PARENT INFORMATION (THIS SECTION MUST BE COMPLETE AND ACCURATE FOR EMERGENCY CONTACT PURPOSES).

FATHER:

Father's Name: _____ Social Security #: _____

Birthplace: _____ Religion: _____

Occupation: _____ Employer: _____

Business Address: _____ City: _____

Business Phone: _____ Pager/Cell Phone: _____

Address If Non-Custodial Parent: _____

City: _____ State: _____ Zip Code: _____

MOTHER:

Mother's Name: _____ Maiden Name: _____

Social Security #: _____

Birthplace: _____ Religion: _____

Occupation: _____ Employer: _____

Business Address: _____ City: _____

Business Phone: _____ Pager/Cell Phone: _____

Address If Non-Custodial Parent: _____

City: _____ State: _____ Zip Code: _____

CATHOLIC SACRAMENTAL INFORMATION (IF CHILD IS CATHOLIC, THIS SECTION MUST BE COMPLETED)

Current Parish: _____ Are you registered? Yes No

Envelope Number: _____ Verified: _____ (Initial)

*BAPTISM*** : Date: _____ Church: _____ **Please attach copy of Baptism Certificate.

Address: _____ City: _____ State: _____

Verified at enrollment: Yes No Copy sent: Yes No Initials: _____

COMMUNION:

Date: _____ Church: _____

Address: _____ City: _____ State: _____

EMERGENCY INFORMATION (THIS MUST BE COMPLETED.)

Please list below two neighbors or relatives that can be contacted in emergency and who will assume care of your child if you cannot be reached.

Name: _____ Address: _____

_____ Phone: _____

Name: _____ Address: _____

_____ Phone: _____

EMERGENCY TREATMENT WAIVER

If incident or illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated below and to follow his instructions. If it is impossible to contact this physician, the school may make whatever arrangements seem necessary to help my child, including emergency transportation and hospital care.

Signature of Parent/Guardian: _____ Date: _____

Physician's Name: _____ Phone #: _____

Hospital Preference: _____ Insurance I.D. #: _____