## St. Bernadette School

## 2022-2023 New Sibling Application Form

Students – PreK-3 through 8th

(Please print all information)

PreK only: # of Days per week: 2 3 5 PreK Extended Day: 11:30 – 3:00 11:30 – 6:00 process The permanent Preschool schedule is as follows: 2 days/week are Tuesday/Thursday (for PK3 only).  3 days/week are Monday, Wednesday, Friday.  There are no drop-in days and no substitutions to this schedule.	n
PART A: STUDENT INFORMATION Birth	
NAME: Date: Place of Birth: Boy \( \sqrt{last name} \)	Girl 🗆
ADDRESS:HOME PHONE:	
CITY/TOWN:STATE:ZIP CODE:	
Best E-mail(s) for school communications:	
RELIGION:PARISH NAME:CITY/TOWN:	
PRESENTLY ENROLLED AT: CITY/STATE: GRADE:	
PART B: Family Data	
• Parent: Occupation: Employer:	
Mother Father         E-Mail:         Work/Cell phone #:	· · · · · · · · · · · · · · · · · · ·
(Please check one)  • Parent:  Coccupation:  (please specify Cell or Work #)  Employer:	
(Include First and Last Name)  Mother Father E-Mail: Work/Cell phone#: (Please check one) (please specify Cell or Work #)	
• If separated/divorced: Name, address, phone # of non-custodial parent:	
Live Health	<u>,                                     </u>
List all siblings Age Grade 2021-2022 Present School St. Bernadette Graduate (yr	.)
PART C: General Information	
Does your child presently have an active IEP (Individualized Education Plan)? Yes □ No □ Has your child had any specialized test or evaluations? (If so, please list):	
Test Evaluation Given Administered By Date	

(Copy of IEP/504 must be submitted before child can be considered for admission.)

(1) Why do you wan	t your child to attend a	Catholic School?	?	
(2) What would you	like our Catholic schoo	ol to accomplish v	with your child over the next	few years?
ART D: Additional Re			olication.	
<ul> <li>Birth Ce</li> <li>Baptism</li> <li>Previous grades 1</li> <li>Previous</li> <li>Copy of</li> <li>Copy of</li> </ul>	n of the following: ertificate al Certificate, Reconcil s year's report card an -7	d the first semes st scores for stud 04, if applicable Records	Communion Certificates (whater report card for the currents presently in grades 2-7	ere applicable) ent school year for students presentl
is due upon a	able fee \$75.00 payab acceptance and registrate apporting documents ar	tion.		on. Remaining \$225.00 Registration
l	t/Guardian Signature			Date
Paron	s that all information is	true and accura	te	Duie
	ONLY:			
This signature verifies  FOR OFFICE USE		c#	Screening Appt. Schedul	led for:
This signature verifies  FOR OFFICE USE  Application Fee:	Check			led for: 1 <sup>st</sup> Communion:
FOR OFFICE USE  Application Fee:  Birth Certificate:	Check	Certificate:	Reconciliation:	
FOR OFFICE USE  Application Fee: Birth Certificate:	Check Baptismal C Report Card	Certificate:	Reconciliation:	1 <sup>st</sup> Communion:
FOR OFFICE USE  Application Fee:  Birth Certificate:  Health Records:	Check Baptismal C Report Card cy	Certificate:	Reconciliation:	1 <sup>st</sup> Communion:
FOR OFFICE USE Application Fee: Birth Certificate: Health Records: Signed Financial Poli	Check Baptismal C Report Card cy	Certificate:	Reconciliation:  Standardized Test:	1 <sup>st</sup> Communion:
FOR OFFICE USE Application Fee: Birth Certificate: Health Records: Signed Financial Poli FOR ADMINISTRA Accepted:	Check Baptismal C Report Card cy TIVE USE ONLY:	Certificate: (s: Date:	Reconciliation:  Standardized Test:	1 <sup>st</sup> Communion: