

# St. Bernadette School

## 2023-2024 Application Form

Students – PreK-3 through 8<sup>th</sup>

(Please print all information)

Applying for Grade \_\_\_\_\_ for 2023-2024

(PreK only: # of Days per week: 2\_\_\_ 3\_\_\_ 5\_\_\_ PreK Extended Day: 11:30 – 3:00 \_\_\_\_\_ 11:30 – 6:00 pm \_\_\_\_\_)

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.

### PART A: STUDENT INFORMATION

NAME: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Boy  Girl   
(last name) (first name) (middle initial)

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: \_\_\_\_\_

How did you hear about St. Bernadette School? \_\_\_\_\_

### PART B: Family Data

• Parent : \_\_\_\_\_ Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
(Include First and Last Name)

Mother \_\_\_ Father \_\_\_ E-Mail: \_\_\_\_\_ Work/Cell Phone #: \_\_\_\_\_  
(Please Check One) (please specify Cell or Work #)

• Parent : \_\_\_\_\_ Occupation: \_\_\_\_\_ 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: \_\_\_\_\_

List all siblings	Age	Grade 2022-2023	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.)

Please respond to the following questions to help us get a better sense of your son or daughter as a unique individual and the values around which you have built your family.

(1) Why do you want your child to attend a Catholic School?

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(2) What would you like our Catholic school to accomplish with your child over the next few years?

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**PART D: Additional Requirements for Acceptance**

The following information must be submitted with the student application.

1. Student Application
2. Copy of each of the following:
  - Birth Certificate
  - Baptismal Certificate, Reconciliation and First Communion Certificates (where applicable)
  - Previous year's report card and the first semester report card for the current school year for students presently in grades 1-7
  - Previous year's standardized test scores for students presently in grades 2-7
  - Copy of the most recent IEP/504, if applicable
  - Copy of Immunization/Health Records
  - Signed Financial Policies Form
3. Non-refundable fee \$75.00 payable to St. Bernadette School upon application. Remaining \$225.00 Registration Fee is due upon acceptance and registration.

Application and all supporting documents are to be sent to the school office.

\_\_\_\_\_  
*Parent/Guardian Signature*  
*This signature verifies that all information is true and accurate*

\_\_\_\_\_  
*Date*

**FOR OFFICE USE ONLY:**

Application Fee: \_\_\_\_\_ Check # \_\_\_\_\_ Screening Appt. Scheduled for: \_\_\_\_\_  
Birth Certificate: \_\_\_\_\_ Baptismal Certificate: \_\_\_\_\_ Reconciliation: \_\_\_\_\_ 1<sup>st</sup> Communion: \_\_\_\_\_  
Health Records: \_\_\_\_\_ Report Card(s): \_\_\_\_\_ Standardized Test: \_\_\_\_\_ IEP/504: \_\_\_\_\_  
Signed Financial Policy \_\_\_\_\_

**FOR ADMINISTRATIVE USE ONLY:**

Accepted: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_  
Wait List: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_  
Withdrew Application: \_\_\_\_\_ Date: \_\_\_\_\_ Reason: \_\_\_\_\_