

Briefly state the reason(s) you would like your child to attend St. Bernard's School:

Siblings presently attending St. Bernard's:

Siblings presently on the waiting list at St. Bernard's:

_____	_____	_____	_____
Name	Grade	Name	Grade
_____	_____	_____	_____
Name	Grade	Name	Grade

Name of Parish where you are an active member: _____
Parish City

(If St. Bernard's, please state under which name you are registered in the parish and your envelope number:

_____	_____	Tuition does not cover the actual education cost per child. St. Bernard's Parish subsidizes every child who attends the school; for this reason we ask the question above.)
Name registered	Envelope #	

Baptism: _____	_____	_____
Date	Church	City/State

Reconciliation: _____	_____	_____
Date	Church	City/State

Communion: _____	_____	_____
Date	Church	City/State

Confirmation: _____	_____	_____
Date	Church	City/State

This application will be held until the last day of the present school year. If you would like your child's application to be carried over to the following school year, please contact the school secretary by June 1 of this school year.

FOR OFFICE USE ONLY		
Date Application received: _____	Time: _____	
Date Tested: _____	Date Interviewed: _____	
Verifications:		
____ Current picture	____ Communion	____ Immunization verified
____ Birth certificate	____ Reconciliation	____ Report Card
____ Baptism cert.	____ Confirmation	____ Standardized Testing (Grades 2-8)
____ Kindergarten physical	____ Envelope # _____	