

New Student Application 2010/2011

St. Bernard's Catholic School

"Learning with God's Guidance"

165 W. Eaton Avenue

Tracy, CA 95376

Phone: 209.835.8018 x131, x132 FAX: 209.835.2496

Email: gabate@st-bernardschool.org

Name _____ Gender: M F Entering grade: _____ Year: _____

Date of Birth: _____ Birth place: _____ US Citizen: Y N

Parent/Guardian with whom the child lives/relationship:

Full Name Relationship

Address City ZIP Phone #

Person to contact about this application:

Full Name Relationship

Address City ZIP Phone #

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

Family History:

Father's name Place of Birth Country of Citizenship

Where employed Occupation Phone #

Business Address City ZIP Religion

Mother's name Place of Birth Country of Citizenship

Where employed Occupation Phone #

Business Address City ZIP Religion

School most recently attended (by child): _____ Phone # _____

Address City State ZIP

Catholic School Transfer: Y N Parent Alumni: Y N If so, year graduated _____

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Marital status of parents: Married _____ Divorced _____ Single _____

US Census Question: (please circle ethnic background of birth father): African-American Asian America
Caucasian Mexican Native American Portuguese Other _____

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 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:

Name registered Envelope #

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.)

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.

Parent signature Date Parent signature Date

FOR OFFICE USE ONLY

Date Application received: _____ Time: _____

Amount Paid _____ Check #: _____

Date Tested: _____ Date Interviewed: _____

Verifications: _____ Current picture _____ Communion _____ Immunization verified _____
_____ Birth certificate _____ Reconciliation _____ Report Card _____
_____ Baptism _____ Confirmation _____ Kindergarten physical _____
_____ Envelope # _____

Accepted Denied

Comments: _____