ST. BERNARD CATHOLIC SCHOOL ENROLLMENT APPLICATION

A completed enrollment application and \$25 application fee must be submitted to the school office before a letter of acceptance can be issued.

TABAIL VI ACT

NAME	PARISH:				
	STUDENT INFORMATION:			ACADEMIC YEAR	
FIRST NAME & MIDDLE NAME	DOB	SEX GRADE	RELIGIOUS AFFILIATION: Catholic or Non-Catholic	□ 2022-2023 □ 2023-2024	
1				SPECIAL SERVICES	
2				☐ Speech/Language ☐ Hearing Impaired	
3				☐ Learning Disability ☐ Vision Impaired	
4				Other Impairment or Special Needs	
		ESS / CUSTODIAL	PARENT INFORMATION	ON	
Address:					
County of Residence:		Public School Distri			
Mother's Name:	r's Name:		Maiden Name: Religion:		
Mother's Cell Phone:		Mother's E-mail:			
Father's Name:				Religion:	
Father's Cell Phone:		Father's E-mail:		<u> </u>	
Are parents living together?	□ NO	Who is the custodia	al parent?	M □ DAD □ BOTH	
	NON-CU	STODIAL PARENT	INFORMATION		
Address:		City/State:		Zip:	
	IMMUNIZA	ATIONS / PHYSICA	L REQUIREMENT		

Immunizations, annual physical, & a county issued Birth Certificate are required to be on file in the school office for **ALL PRESCHOOL/PRE-K Students** by first week of school.

Completion of this form does not guarantee acceptance for enrollment to Saint Bernard Catholic School.