

**Saint Bernadette Catholic School
Admissions Application**

*A non-refundable application fee of \$25.00 must accompany this application. Checks should be made payable to St. Bernadette School. A copy of the following documents must also accompany this application; the student's Birth Certificate, a signed Records Release form obtained from our office or our school website, and copies of all Sacramentals, where applicable. Mail should be addressed to: **St. Bernadette Catholic School – 20 Burr St. – New Haven, CT 06512***

STUDENT INFORMATION

Entering Grade _____ Referring Family _____
Last name _____ First Name _____ Middle Name _____
Street _____ Town/City _____ State ____ Zip _____
Home Tel. No. _____ Family email Address _____
Date of Birth _____ Place of Birth (City, State, Country) _____

FATHER/GUARDIAN INFORMATION

Last name _____ First Name _____ Middle Name _____
Street _____ Town/City _____ State ____ Zip _____
Home Tel. No. _____ Family email Address _____
Work # _____ Cell # _____ Work email _____
Occupation _____ Employer _____

MOTHER/GUARDIAN INFORMATION

Last name _____ First Name _____ Middle Name _____
Street _____ Town/City _____ State ____ Zip _____
Home Tel. No. _____ Family email Address _____
Work # _____ Cell # _____ Work email _____
Occupation _____ Employer _____

Are any family members alumni of St. Bernadette Catholic School? Yes _____ No _____ Grad. Yr. _____
Please specify if a language other than English is spoken at home: _____
How did you hear about our school: Website ____ Advertisement ____ Friend/Family ____ Other _____
If "Other", please specify _____

RELIGIOUS INFORMATION

Religion of: Student _____ Father _____ Mother _____ Guardian _____
If Catholic, please list the parish(es) or church your family is registered with or regularly attends:
Parish/Church _____ City or Town _____

If Catholic, does your family contribute to your parish via the envelope system? Yes _____ No _____

If the student is Catholic, please provide the following:

Baptismal Date _____ Church _____ City, State _____
First Communion Date _____ Church _____ City, State _____
Confirmation Date _____ Church _____ City, State _____

If not Catholic, please not denomination _____

ACADEMIC BACKGROUND Please list all schools the applicant has attended.

School Attended	Grade(s) Complete	Years Attended	Reason for Leaving

Has the applicant ever been expelled or refused admission from any school? Yes _____ No _____

If Yes, state the school name and the reason for the action _____

Does the applicant have an existing IEP or 504 Plan? Yes _____ No _____

Will you be applying for financial aid? Yes _____ No _____

I hereby give St. Bernadette Catholic School the right to contact any previously attended school in regards to the recent enrollment of my child. I hereby authorize said school to supply any and all information requested. I release all persons, companies, and corporations supplying and receiving such information to St. Bernadette Catholic School, the Archdiocese of Hartford, and anyone acting on its/their behalf from and against any and all liability which might result from furnishing or receiving such information. I hereby certify that the information submitted in the application process, including this application is true. I understand that if it is determined that any information I have provided is false, the admission of my child may be revoked, or if my child is already in attendance, he or she may be subject to immediate expulsion.

Parent or Guardian Signature _____ Date _____

Parent or Guardian Signature _____ Date _____

Saint Bernadette School
20 Burr Street
New Haven, CT 06512
203.469.2271
www.saintbernadette.org