

# 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](http://www.saintbernadette.org)