



NEW STUDENT REGISTRATION
PLEASE PRINT - Custodial parent must complete this form.

FAMILY NAME: _____

STUDENT INFORMATION

Name: Last _____ First: _____ Middle: _____
(Name must be as it appears on birth certificate)

Prefers to be called: _____ Gender: [] Male [] Female

For School Year: _____ For Grade: _____

Address: _____ (street) _____ (city) _____ (state) _____ (zip)

Phone: _____ Phone is Listed: Yes [] No []

Email: _____ Race: _____

Date of Birth: Mo: _____ Day: _____ Year: _____ City & State of Birth: _____

Religion: _____ Parish: _____

Public School District of Residence: [] Northwest [] Oak Hills [] Southwest [] Three Rivers [] Other _____

Public Elementary School of Residency: _____

Table with 4 columns: Sacraments, Date, Church, City/State. Rows include Baptism, Reconciliation, First Eucharist, Confirmation.

School Last Attended: _____ In Grade: _____

Address of former school: _____ (street) _____ (city) _____ (state) _____ (zip)

Phone of former school: _____

Pre-existing Medical Conditions and/or medications taken: _____

Any Special Programs (Tutoring or other services) or Individual Education Programs (IEP): _____

Child lives with (check one): Biological Parents Biological Mother Biological Father Other _____

Biological Parents: Married Separated Divorced* Single Court Order**

* If divorced, who has custody? _____
Legal custodial document must be on file with the school.

** If other than biological parent, evidence of legal custody must be presented and filed with the school. If legal documents are not available, a letter from an attorney explaining efforts to obtain custody must be sent to school within 10 days and a copy of custodial papers must be submitted within sixty (60) days after enrollment.

RESIDENTIAL MOTHER / GUARDIAN INFORMATION

Relationship to Child: Biological Mother Adopted Mother Stepmother Guardian Deceased

Salutation: Dr. Mrs. Ms. Miss

Name: Last: _____ First: _____ Maiden: _____

Religion: _____ **Marital Status:** Married Separated Divorced Single

Occupation: _____ **City and State of Birth:** _____

Office Phone: _____ **Cell Phone:** _____

RESIDENTIAL FATHER / GUARDIAN INFORMATION

Relationship to Child: Biological Father Adopted Father Stepfather Guardian Deceased

Salutation: Dr. Mr.

Name: Last: _____ First: _____

Religion: _____ **Marital Status:** Married Separated Divorced Single

Occupation: _____ **City and State of Birth:** _____

Office Phone: _____ **Cell Phone:** _____

My signature below certifies that I am a custodial parent of the child named above and the information provided is true and accurate to the best of my knowledge.

(Signature of Custodial Parent)

(Date)

If applicable, list below siblings who have or are currently attending St. Bernard School

Sibling's Name	Month and year of admittance	Month and year of withdrawal / graduation

COPY OF BIRTH CERTIFICATE AND APPLICABLE BAPTISMAL RECORD MUST ACCOMPANY THIS FORM.