

BOARDING APPLICATION (PAGE 1 / SIDE 1)

Date: _____ Applying to Grade: _____ Social Security #: _____ International USA

STUDENT APPLICATION INFORMATION

female
 male

Last Name _____ First Name _____ Middle Initial _____ Preferred Name _____

Home Address: _____
Street _____ City _____ State _____ Zip _____

Telephone: _____ Cell/Pager: _____

Student email: _____ Birth Place & Date: _____

Last School Attended: _____ Location: _____

Religious Affiliation of Student: _____

CATHOLICS ONLY / Date of Baptism: _____ Communion: _____ Confirmation: _____

Our family is Registered at the following Parish: _____

White Asian African American Hispanic Native American Multi-Racial Native Hawaiian/Pacific Islander Home Language: _____

Below, briefly tell us what activities you enjoy and why. Your interests are important to us.

PHOTO OF APPLICANT (OPTIONAL)

PHOTO OF APPLICANT IN A RECENT ACTIVITY THAT HE OR SHE ENJOYS (OPTIONAL)

FAMILY INFORMATION

Student lives with: Both Parents Part-Time with each parent Mother Father Grandparent(s) Guardian
 Parents divorced/separated Mother deceased Father deceased Mother remarried Father remarried

Preferred daytime telephone for Parent/Guardian: _____ Email for Parent/Guardian: _____

Custodial Mother's Name: _____ employer: _____

Home Address: _____ work phone: _____

Custodial Father's Name: _____ employer: _____

Home Address: _____ work phone: _____

Non-Custodial Parent's Name: _____ employer: _____

Home Address: _____ work phone: _____

Also send official school mailing to non-custodial parent? YES NO

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Last Name

First Name

■ EDUCATIONAL, ATHLETIC & EXTRACURRICULAR INFORMATION

Has your child ever received special services in any of the following programs:

If YES, check all that apply: IEP 504 Speech Probation GATE OTHER _____ NONE

Please indicate your interest in any of the following extracurricular activities:

Art Music Drama Dance Chess Math Student Government Leadership Opportunities

Please indicate your interest in any of the following Athletic Programs:

Football Soccer Volleyball Tennis Basketball Baseball Softball Track and Field Golf Wrestling OTHER

Athletics Affidavit: (Grades 9-12 ONLY)

By signing this affidavit below, I hereby certify that no person who is connected with the athletic department of the SBCS, or is part of the booster club of SBCS, or who was acting on their behalf, has had communication, directly or indirectly, through intermediaries or otherwise, with this transfer student, student's parents, guardian or caregiver or anyone acting on behalf of this student, prior to completion of the enrollment process of SBCS.

Parent's Signature

Date

Student's Signature

Date

Does the applicant play a musical instrument? YES NO

If YES, which instruments and for how long?

Does the applicant have any talents or interests in fine arts, drama or computer skills? If so, please elaborate below.

INTERNATIONAL STUDENTS ONLY

Is the applicant a citizen of the United States? YES NO

If **NOT** a United States citizen, please note his or her citizenship _____

Will this applicant require an I-20 form to apply for a United States visa? YES NO

If **YES**, list the applicant's name as it appears on his or her passport _____

At St. Bernard's Catholic School, English is the primary language of instruction, and fluency in English is essential. Therefore, the following questions are important in our assessing the applicant's level of language ability.

What language is spoken in the applicant's home? _____

In the past two years of the student's education, has English been the primary language of instruction? YES NO

■ EMERGENCY CONTACT INFORMATION

Emergency Contact _____ Relationship _____

Home Address: _____
Street City State Zip

I hereby authorize and consent to St. Bernard's Catholic School, its employees and agents, in my stead, to administer emergency medical assistance to my child. This permission and consent extends to the right of St. Bernard's Catholic School, its employees and agents, to arrange for immediate medical treatment by a licensed or certified physician and/or other medical personnel, and for such physician or other medical personnel to apply such emergency techniques which in their judgment they deem appropriate to treat any injury sustained by my child. I further authorize St. Bernard's Catholic School, by and through its employees and agents, to administer such emergency medical treatment as is necessary for the health and welfare of my child. I will accept responsibility for any expense incurred.

I do hereby agree to hold harmless and indemnify St. Bernard's Catholic School, its employees and agents, either jointly or separately from and against any and all claims, demands, damages, or causes of action, or injuries, including reasonable attorneys fees and costs in the defense thereof resulting from or arising out of the provision of emergency medical treatment by school personnel or by a physician and/or other medical personnel.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

■ FINANCIAL INFORMATION

Boarding applicants are required to pay tuition, room and board, and fees in full prior to attendance. For information about limited financial assistance please check this box:

■ REFERRAL INFORMATION

How did you become interested in SBCS? (Please check all that apply)

Family Newspaper Friends Website Alumni Faculty/Staff Other _____

Please indicate the name of any other family who may embrace the same vision and mission of SBCS and whose child may benefit from our school:

Student _____ Parents _____

Address _____ Phone/Cell _____

I certify that all of the above information is true and accurate to the best of my knowledge, that acceptance is conditional for three months and that admission to the Elementary/Jr. High School does not guarantee acceptance into the High School.

Parent Signature _____ Date _____ Parent Signature _____ Date _____