

A P P L I C A T I O N

(Please print or type)

Name of Applicant: _____

Address: _____

Home Telephone: _____ Work: _____ Cell: _____

Date of Birth: _____ Place of Birth: _____ Male Female

Social Security Number: _____ Religion: _____

Date of Baptism: _____ Parish: _____ City: _____

Has the applicant ever skipped a grade or repeated a grade? Yes No

Please state grade, school and the circumstances involved: _____

Applicant's Current School: _____

Present grade: _____ Application for grade: _____ beginning (month) _____ (year) _____

School Head/Principal/Counselor: _____

Address of School: _____

Please list all schools attended starting with Preschool:

School	City & State	Date of Attendance
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Applicant's Father

Mr./Dr.: _____
First Middle Last

Relationship: Father Stepfather Guardian

Home Address: _____

Home Telephone: _____ Cell: _____

Religion: _____ Parish: _____

Employer: _____ Nature of Business: _____

Length of Employment: _____ Business Telephone: _____ Position in Firm: _____

Professional School / College(s): _____ Diploma / Date: _____

Secondary School: _____ Diploma/ Date: _____

Applicant's Mother

Mrs./Ms./Dr.: _____
First Middle Last

Relationship: Mother Stepmother Guardian

Home Address: _____

Home Telephone: _____ Cell: _____

Religion: _____ Parish: _____

Employer: _____ Nature of Business: _____

Length of Employment: _____ Business Telephone: _____ Position in Firm: _____

Professional School / College(s): _____ Diploma / Date: _____

Secondary School: _____ Diploma/ Date: _____

If the child does not live with the parents in one household, please answer the following:

Are parents separated? Yes No Is separation/divorce pending? Yes No

Who is the legal guardian? _____

With which parent does the child live? _____ To whom should the school bill be sent? _____

General Information which might give us insight into your child:

Strengths: _____

Weaknesses: _____

Study and work habits: _____

Organizational skills: _____

Special interests and abilities of your child - music, dancing, painting, etc.: _____

Please describe briefly any particular circumstances which may have affected the applicant's record in school.
(attention or behavior difficulties, reading, math, language difficulties, medical, frequent changes of schools): _____

Brothers and/or Sisters

Name / Age: _____ Current School and Grade: _____

Name / Age: _____ Current School and Grade: _____

Grandparents

Maternal: _____ Address: _____

Paternal: _____ Address: _____

Applications to other schools

Please list other schools to which you are currently applying:

1. _____ 3. _____

2. _____ 4. _____

Please enclose a non-refundable application fee of \$75.00 payable to Saint Bernard Academy

Parents' Signature/s: _____

Date: _____

Please return to Office of Admissions, Saint Bernard Academy, 2020 24th Avenue, South, Nashville, TN, 37212