



**ENROLLMENT APPLICATION**  
**St. Bridget School**

SCHOOL: \_\_\_\_\_ CITY: \_\_\_\_\_

TODAY'S DATE: \_\_\_\_\_ HOME PARISH: \_\_\_\_\_ ENTERING GRADE: \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_ GENDER OF CHILD: \_\_\_\_\_

CHILD'S SS#: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

PLACE OF BIRTH \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

SCHOOL LAST ATTENDED: \_\_\_\_\_

CHILD'S RELIGION: \_\_\_\_\_

BAPTISM DATE: \_\_\_\_\_ CHURCH: \_\_\_\_\_

RECONCILIATION: (Y/N) \_\_\_\_\_ CHURCH \_\_\_\_\_

FIRST COMMUNION: (Y/N) \_\_\_\_\_ CHURCH: \_\_\_\_\_

CONFIRMATION: (Y/N) \_\_\_\_\_ CHURCH: \_\_\_\_\_

CHILD LIVES WITH: (Check all that apply)  
BOTH PARENTS \_\_\_\_\_ MOTHER \_\_\_\_\_ FATHER \_\_\_\_\_ RELATIVE \_\_\_\_\_  
GUARDIAN \_\_\_\_\_  
STEPMOTHER \_\_\_\_\_ STEPFATHER \_\_\_\_\_ OTHER \_\_\_\_\_

IF MOTHER AND FATHER DIVORCED, WHO HAS LEGAL CUSTODY?  
DO MOTHER AND FATHER HAVE JOINT CUSTODY? Y/N \_\_\_\_\_  
NAME OF THE PERSON WITH WHOM YOU HAVE JOINT CUSTODY \_\_\_\_\_

CERTIFIED COPY OF CUSTODY AGREEMENT AND JOINT PARENTING AGREEMENT, IF ANY,  
MUST BE ATTACHED TO THIS FORM.

IS THERE A PROTECTIVE ORDER IN PLACE REGARDING YOUR CHILD?  
Y/N \_\_\_\_\_

CERTIFIED COPY OF PROTECTIVE ORDER MUST BE ATTACHED TO THIS FORM.

**SPECIAL NEEDS**

HAS THIS CHILD BEEN ATTENDING SPECIAL EDUCATION OR TITLE 1 CLASSES?  
Y/N \_\_\_\_\_

DOES THIS CHILD HAVE SPECIAL NEEDS OF WHICH THE SCHOOL SHOULD BE AWARE?  
Y/N \_\_\_\_\_

IF YES, PLEASE  
EXPLAIN \_\_\_\_\_  
(Or attach explanation to this Form)

ARE THERE SPECIAL CIRCUMSTANCES ABOUT THE CHILD'S HOME OR SCHOOL SITUATION  
OF WHICH YOU BELIEVE THE SCHOOL SHOULD BE MADE AWARE? Y/N \_\_\_\_\_

IF YES, PLEASE  
EXPLAIN \_\_\_\_\_

(Or attach explanation to this Form)

**(PLEASE COMPLETE BACK OF THIS FORM)**

FATHER'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

PLACE OF BIRTH \_\_\_\_\_ RELIGION \_\_\_\_\_

OCCUPATION \_\_\_\_\_ EMPLOYER \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

MARRIED \_\_\_ DIVORCED \_\_\_ SEPARATED \_\_\_ DECEASED \_\_\_ REMARRIED \_\_\_ SINGLE \_\_\_

MOTHER'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

PLACE OF BIRTH \_\_\_\_\_ RELIGION \_\_\_\_\_

OCCUPATION \_\_\_\_\_ EMPLOYER \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

MARRIED \_\_\_ DIVORCED \_\_\_ SEPARATED \_\_\_ DECEASED \_\_\_ REMARRIED \_\_\_ SINGLE \_\_\_

IF APPLICABLE, PLEASE CHECK ONE AND COMPLETE THE FOLLOWING INFORMATION:

STEPFATHER \_\_\_ STEPMOTHER \_\_\_ GUARDIAN \_\_\_ OTHER \_\_\_\_\_

NAME: \_\_\_\_\_ MAIDEN NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PLACE OF BIRTH \_\_\_\_\_ RELIGION \_\_\_\_\_

OCCUPATION \_\_\_\_\_ EMPLOYER \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

RACE: CAUCASIAN BLACK HISPANIC NATIVE AMERICAN ASIAN  
NATIVE HAWAIIAN /PACIFIC ISLANDER MULTI-RACIAL (PLEASE CIRCLE)  
*(This information need for State and/or National purposes.)*

CUSTODIAL PARENT/GUARDIAN NAME: \_\_\_\_\_

CUSTODIAL PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

*This form is not intended to constitute nor should it be viewed as creating a "contract" between the School and the student/parent. The School reserves the right to revoke its acceptance of this application, deny enrollment and/or dismiss the student in keeping with applicable School and/or Diocesan policies. Neither this form nor any other written document issued by the School (including, but not limited to, the student handbook) should be considered to be a "contract."*