



Date: \_\_\_\_\_

## St. Brigid School Application

### Student Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
Incoming Grade: \_\_\_\_\_ Options: K through 8<sup>th</sup>, Pre-school 2-day or 5-day, Pre-K 3-day or 5-day  
Date of Birth: \_\_\_\_\_ Gender: Male Female  
Special Needs: 504 plan IEP/ISP None  
Food Allergies: \_\_\_\_\_ Medical Allergies: Conditions: \_\_\_\_\_

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Incoming Grade: \_\_\_\_\_ Options: K through 8<sup>th</sup>, Pre-school 2-day or 5-day, Pre-K 3-day or 5-day  
Date of Birth: \_\_\_\_\_ Gender: Male Female  
Special Needs: 504 plan IEP/ISP None  
Food Allergies: \_\_\_\_\_ Medical Allergies: Conditions: \_\_\_\_\_

### THE FOLLOWING INFORMATION IS USED TO COMPLETE REQUIRED STATE REPORTS

Student's Race/Ethnicity:

White/ Caucasian	African American/ Black	Asian/Pacific Islander	American Indian	Hispanic	Other
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### Parent/Guardian Information:

Mother/Guardian's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
Address: \_\_\_\_\_ City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Religion: \_\_\_\_\_ Church where you are a participating member: \_\_\_\_\_

Father/Guardian's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
Address: \_\_\_\_\_ City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Religion: \_\_\_\_\_ Church where you are a participating member: \_\_\_\_\_

If different, should correspondence be sent to both addresses? Yes No

Does your child have siblings? If so, please list name (s) and birth date (s)

\_\_\_\_\_

\_\_\_\_\_

Did you attend/graduate from a Catholic School?

Name of School attended: \_\_\_\_\_