

SAINT BERNARD S SCHOOL

All information provided on this form is subject to the Family Educational Rights and Privacy Act (FERPA) and will be used for school purposes only.

Application for Admission to Transfer

STUDENT INFORMATION

Student s Full Legal Name _____ Sex _____ Age _____ Grade _____ Birth Date _____/____/____ Birth Place (city, state) _____

School last attended: _____
School City State Grade

Public School District # (or City): _____

Has student ever received special education or had an I.E.P.? (Please circle) Yes No

If yes, please give details and attach a copy of the I.E.P.

PARENT/GUARDIAN INFORMATION

Student resides with Mother Father Guardian - Check (✓) ALL that apply.

Home Address _____
Street Address Apt # City ZIP

Home Phone ____/____-____ E-mail _____

Name of Mother/Stepmother/Guardian (Please circle) _____

Maiden Name _____

Occupation _____ Employer _____

Business Address _____ Business Phone ____/____-____

Name of Father/Stepfather/Guardian (Please circle) _____

Occupation _____ Employer _____

Business Address _____ Business Phone ____/____-____

ACADEMIC/BEHAVIORAL INFORMATION

Reason for student s transfer to Saint Bernard s: _____

Has student received more than one failing grade in courses taken during the previous/current school year? Yes No

Has student been expelled or advised to leave his/her former school? Yes No

Does student have a record of truancy or excessive absences from his/her former school? Yes No

**A COPY OF THE STUDENT S MOST RECENT ACADEMIC REPORT OR TRANSCRIPT
MUST ACCOMPANY THIS APPLICATION.**

PLEASE FAX TRANSCRIPT TO THE SAINT BERNARD S ADMISSIONS OFFICE 651-488-9466.

All information provided on this application form is honest and accurate.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name (Please print): _____