



St. Brigid School
 695 Stevens Avenue, Portland, ME 04103
 Tel. (207) 797-7073 Fax (207) 797-7078
 www.sbrigid.com

Application Date _____

INFORMATION PROVIDED ON THIS FORM IS CONFIDENTIAL

There is a \$200 (per family) application fee when submitting this form to our school office. If there is no space available, the application fee will be refunded.

A COPY OF IMMUNIZATIONS AND BIRTH CERTIFICATE MUST ACCOMPANY REGISTRATIONS FOR ALL NEW STUDENTS TO THE SCHOOL

STUDENT'S FULL NAME (Please Print)	Gender	Date of Birth	Grade Entering
_____	M / F	___/___/___	_____
(Last) (First) (MI)		Mo Day Yr	
_____	M / F	___/___/___	_____
(Last) (First) (MI)		Mo Day Yr	
_____	M / F	___/___/___	_____
(Last) (First) (MI)		Mo Day Yr	

Primary Home Street Address _____

City/Town _____ State _____ Zip _____ Home Tel. # _____

Parent or Guardian and Contact Information:

Mother's/Guardian's Full Name _____ Religion _____
 (Last) (First) (M I) Maiden Name _____

Home Street Address _____

If different from above, should correspondence be sent to both addresses? ____yes ____ no

City/Town _____ State _____ Zip _____

Place of Employment _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email Address _____

Father's/Guardian's Full Name _____ Religion _____
 (Last) (First) (M I)

Home Street Address _____

If different from above, should correspondence be sent to both addresses? ____yes ____ no

City/Town _____ State _____ Zip _____

Place of Employment _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email Address _____

Student lives with:	<input type="checkbox"/> Mother	<input type="checkbox"/> Stepmother	<input type="checkbox"/> Father	<input type="checkbox"/> Stepfather	<input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Other
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THE FOLLOWING INFORMATION WILL BE USED TO COMPLETE REQUIRED STATE & FEDERAL REPORTS.

LANGUAGE SPOKEN AT HOME, IF OTHER THAN ENGLISH: _____

ETHNIC:	<input type="checkbox"/> Other/Not Provided (X)	<input type="checkbox"/> White/Caucasian (C)	<input type="checkbox"/> African American/Black (B)	<input type="checkbox"/> Asian/Pacific Islander (A)	<input type="checkbox"/> American Indian/Native Alaskan (I)	<input type="checkbox"/> Hispanic (H)
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DISMISSAL CONSENT:

May the adults on this form dismiss this student in case of emergency ___Yes ___ No
If no, please attach a note with details on which adult may or may not dismiss this pupil

If parents are divorced, what is the custody status of the pupil? (Please check one)

____ Custody to Mother ____ Joint Custody
____ Custody to Father ____ Other, Please Explain _____

In case of an accident and the school is unable to contact anyone, do you have a hospital preference: _____ Is your child covered by insurance Yes () No ()

HEALTH & SPECIAL EDUCATION INFORMATION

Does this student have any health problem of which the school should be aware ___Yes ___No?

1.

2.

Has the student ever received Special Education Services ____Yes ____ No

Is the student receiving Special Education Services presently ____Yes ____ No

Please explain : _____

Parish Where Registered/Affiliated _____

School & Address last attended (If applicable) _____

Name

Are you a graduate from a Catholic School ___ Yes ___ No

School _____ Year _____

Are there any other siblings at home? If yes, what are their ages? ____ ____ ____