ST. BERNADETTE SCHOOL
245 Azalea Drive
Monroeville, PA 15146-1797

NEW FAMILY REGISTRATION FORM

FAMILY NAME_____

MARITAL STATUS: MARRIED DIVORCED SEPARATED REMARRIED SINGLE
(circle one)

FATHER'S NAME_____ **WORK PHONE** (_____) _____

CELL PHONE (_____) _____

MOTHER'S NAME_____ **WORK PHONE** (_____) _____

CELL PHONE (_____) _____

ADDRESS_____

CITY-STATE-ZIP_____

HOME PHONE (_____) _____ **UNLISTED? YES / NO**
(an unlisted phone number will **not** appear in the directory)

Bills are sent by email **OR** through your child in school.
However, any correspondence will be sent by email only.*****

*** REQUIRED EMAIL ADDRESS** _____

Bill preference: _____ email _____ send home with child in school

RELIGION:

FATHER_____ **MOTHER** _____ **CHILD/REN** _____

WHAT CHURCH ARE YOU A REGISTERED MEMBER _____

WHAT IS THE SCHOOL DISTRICT WHERE YOU LIVE _____

METHOD OF TUITION PAYMENT **PLAN A** ( ) Tuition paid over 10 months
PLAN B ( ) Tuition paid-in-full **by Sept.1**
____ I am requesting a Financial Aid Form

CHILD'S NAME	**BIRTHDATE**	**FOR GRADE:**
_____	____/___/____	_____
_____	____/___/____	_____
_____	____/___/____	_____
_____	____/___/____	_____

_____ _____
DATE **PARENT SIGNATURE**

***TRANSFER STUDENTS*:** **School name:** _____

School address: _____

_____

School Fax number: _____