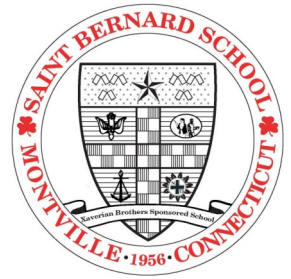


Saint Bernard School

Where Spirit and Scholarship Connect

STUDENT PARISH AFFILIATION FORM 2010 –2011



Parents/Guardian: Please complete and forward to your Pastor for verification. This completed form must be returned to SBS Business Office for Tuition to be billed at the Catholic rate. This is a one time form that **MUST be completed for each student attending SBS.**

Student Name: _____ Entering Grade _____

Parent/Guardian Name(s) _____

Address: _____
Street

City: _____ State: _____ Zip: _____

Parish: _____

Address: _____

City: _____ State _____ Zip _____

Parish Office Telephone: (____) _____

Pastor: Please complete and sign the section below and return the entire form to Saint Bernard School, ATTN: Business Office, at the address below.

The student's family is registered in my Parish Yes No

The above named family is active in my Parish Yes

No

Pastor's Signature: _____

Date: _____