



**SAINT BERNARD SCHOOL**  
1593 Norwich-New London Tpke., Uncasville, CT 06382



**2009-2010 Returning Student Registration Form**

DATE: \_\_\_\_\_

(PLEASE CIRCLE:)

**High School:** Grade Entering 9 10 11 12

**Middle School:** Grade Entering 7 8

NOT RETURNING: \_\_\_\_\_

**Please include the re-registration fee of \$75 payable to SBS.**

STUDENT NAME: \_\_\_\_\_  
(Last) (First) (Middle)

ADDRESS: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

(Changes Only): PARISH AFFILIATION: \_\_\_\_\_  
(Name) (City) (State)

**NOTE: FOR TUITION TO BE BILLED AT THE CATHOLIC RATE, A COMPLETED PARISH AFFILIATION FORM MUST BE ON FILE WITH THE BUSINESS OFFICE.**

**PARENT/GUARDIAN INFORMATION (Changes Only)**

Father/Guardian: \_\_\_\_\_

Mother/Guardian: \_\_\_\_\_

Street Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employed by: \_\_\_\_\_

Employed by: \_\_\_\_\_

Business Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Ext. \_\_\_\_\_

Business Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Ext. \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

**STUDENT RESIDES WITH:** \_\_\_\_\_

PLEASE LIST BROTHERS/SISTERS ATTENDING SAINT BERNARD SCHOOL FOR THE 2009 - 2010 ACADEMIC YEAR:

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Name: \_\_\_\_\_ Grade: \_\_\_\_\_

**FOR OFFICE USE: DATE PAID** \_\_\_\_\_ **FEE PAID \$** \_\_\_\_\_ **CHECK #** \_\_\_\_\_ **CASH:** \_\_\_\_\_