



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



2011 -2022 Returning Student Registration Form

DATE: _____

[Office Use: Family Code _____]

(PLEASE CIRCLE:)

Middle School: Grade Entering 7 8

High School: Grade Entering 9 10 11 12

NOT RETURNING: _____

Please include the re-registration fee of \$100 payable to SBS.

STUDENT NAME: _____
(Last) (First) (Middle)

ADDRESS: _____ (Same as last yr)
(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 **2011-2012** ACADEMIC YEAR:

Name: _____ Grade: _____ Name: _____ Grade: _____

Name: _____ Grade: _____ Name: _____ Grade: _____

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