

## St. Bernard Christian Academy

## Mailing Address: P.O. Box 129

Meraux, Louisiana 70075

(504) 267-0367 (Telephone) (504) 682-3173 (Fax)

Live Faithfully \* Connect Purposefully \* Think Critically

## **REGISTRATION FORM FOR NEW STUDENTS**

2022-2023 School Year

Date:

Entering Grade: \_\_\_\_\_

Student's Name:					
(Last)			(First)		(Middle)
Social Security #	Date of Birth:	Sex:	M F	Race:	
Birth Certificate #	Birthplace:		Religious Affili	iation:	Church:
General Health of Student:	1	Physical	, educational or psyc	chological evaluations	s, please explain.
Home Address:					
(Street)			(City)		(Zip)
Primary Telephone Number:				Is this a ce	II? or landline?
				_	
Mailing Address (if different from above):					
	(Street)			(City)	(Zip)
Mother's Name:			Father's Name	2:	
Contact Telephone Number:		-	Contact Telepl	hone Number:	
Email Address:		-	Email Address	:	
Occupation:		-	Occupation:		
Place of Employment:		-	Place of Emplo	oyment:	
		-			
Emergency Name (other than parent):		Relation	ship to Student:	Ph	one #
Person primarily responsible for tuition, if differe	nt from parent (Name and Pl	none #):		Payment Plan:	
				Full?	Monthly?
Phone number(s) to be included in our SCHOOL I	MESSENGER (Emergency Auto	omated Ca	I):	<u> </u>	wontiny:
For office use only:					
R.F.: R.C.: T.S	.: B.C.:		I.R.:	C.P.:	_ E.E.: P.E.:
		OVI	R		