

# St. Bede Catholic School

26910 Patrick Avenue, Hayward, CA 94544 (510) 782-3444

[www.mystbede.org](http://www.mystbede.org)

## APPLICATION

St. Bede Parish Reg. # \_\_\_\_\_

Grade Applying for \_\_\_\_\_ For the Year \_\_\_\_\_

### STUDENT INFORMATION

Child's Name _____		
First _____	Middle _____	Last _____
Address _____		City _____ Zip _____
Child Resides with <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Both <input type="checkbox"/> Other _____		
Home Phone ( ) _____ Mother Cell ( ) _____ Father Cell ( ) _____		
Mother's email _____		Father's email _____
Sex <input type="checkbox"/> M <input type="checkbox"/> F Birthdate ____/____/____ Birthplace _____ Home Language _____		
Child's Religion _____ Parish Now Attending _____		
School Last Attended _____ Public School District _____		
Hispanic <input type="checkbox"/> Yes <input type="checkbox"/> No Race: (mark all that apply) <input type="checkbox"/> American Indian or Alaskan Native, <input type="checkbox"/> Asian, <input type="checkbox"/> Black/African American, <input type="checkbox"/> Native Hawaiian or Other Pacific Islander, <input type="checkbox"/> White		
Primary Race (mark one only): <input type="checkbox"/> American Indian, <input type="checkbox"/> Asian, <input type="checkbox"/> Chinese, <input type="checkbox"/> Japanese, <input type="checkbox"/> Vietnamese, <input type="checkbox"/> Black/African American, <input type="checkbox"/> Filipino, <input type="checkbox"/> Hispanic, <input type="checkbox"/> Middle Eastern, <input type="checkbox"/> Multiracial, <input type="checkbox"/> Pacific Islander, <input type="checkbox"/> White		

### SACRAMENTAL RECORDS

Baptism <input type="checkbox"/> Yes <input type="checkbox"/> No	Date ____/____/____	Church _____
		Name City State
Reconciliation <input type="checkbox"/> Yes <input type="checkbox"/> No	Date ____/____/____	Church _____
		Name City State
First Communion <input type="checkbox"/> Yes <input type="checkbox"/> No	Date ____/____/____	Church _____
		Name City State

### FAMILY INFORMATION

FATHER	MOTHER
First Name _____	First Name _____
Last Name _____	Last Name _____
Religion _____	Religion _____
U.S.Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	U.S.Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>
Occupation _____	Occupation _____
<b>Marital Status</b>	<b>Marital Status</b>
<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
<input type="checkbox"/> Single Parent <input type="checkbox"/> Remarried	<input type="checkbox"/> Single Parent <input type="checkbox"/> Remarried

