

St. Bede Catholic School

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

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 _____
Marital Status	Marital Status
<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

EMPLOYMENT INFORMATION

Father's Employer _____ Phone Number _____

Mother's Employer _____ Phone Number _____

OTHER PARENT WITH LEGAL ACCESS (for divorced or separated families)Does other parent have legal access? Yes No (If yes, please complete the following)Name _____
First Middle Initial LastAddress _____
Street City State Zip

Home Phone _____ Work Phone _____

OTHER CHILDREN IN THE FAMILY

NAME	AGE	SEX	GRADE	PRESENT SCHOOL OR STATUS

MEDICAL INFORMATION (chronic illnesses or disabilities)

MISCELLANEOUS INFORMATION _____
