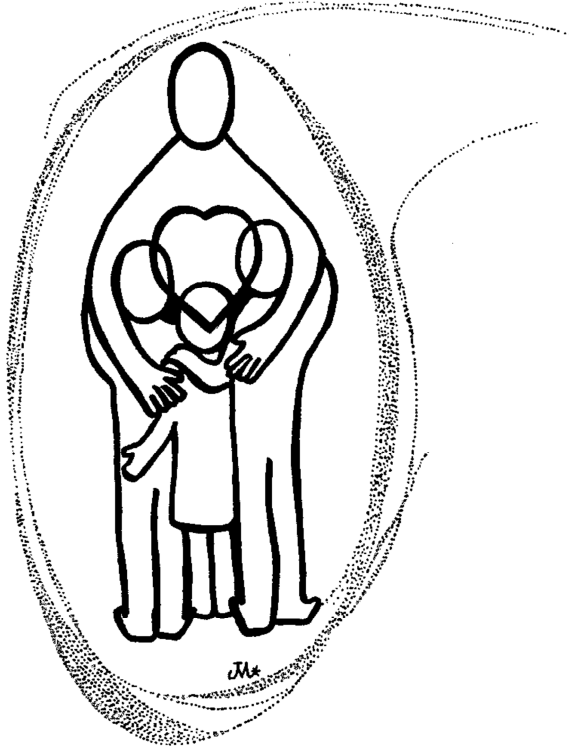


Our God is Here



St. Bernardine of Siena School
6061 Valley Circle Blvd.
Woodland Hills, CA 91367

818 340-2130

School Website: www.stbernardine.org

Mission Statement

St. Bernardine of Siena School serves the families of St. Bernardine of Siena Parish. The school commits its personnel and resources to providing a well-rounded program to develop the spiritual, intellectual, physical, and social skills of the students. The foundation of this educational program is centered in the teachings and example of Christ and the traditions of the Catholic faith. Students are prepared to be active participants in their faith and to serve the community in which they live.

ST. BERNARDINE OF SIENA SCHOOL

2011-2012

Grade Entering _____ Today's Date _____

Family Name of Student _____ First _____ Middle _____ Sex _____

Home Address _____ City _____ Zip Code _____ Home Phone # _____

Birth _____
City _____ State _____ Month _____ Day _____ Year _____

Child's Social Security # _____

Other children in family applying at this time _____ / _____
Name/Grade _____ Name/Grade _____

Have you applied to our school in the past? _____ What year? _____

Have you applied to any other schools for the 2011-2012 school year? _____

Is St. Bernardine of Siena School your first choice? _____

FAMILY DATA

Father

Mother

Family Name _____ First _____ Middle _____

Maiden Name _____ First _____

Place of Birth _____

Place of Birth _____

Occupation _____ Work Phone # _____

Occupation _____ Work Phone # _____

Cell Phone # _____

Cell Phone # _____

E-mail Address _____

E-mail Address _____

Religion _____ Ethnic Background _____

Religion _____ Ethnic Background _____

Marital Status: Married _____ Divorced _____
Remarried _____ Deceased _____

Marital Status: Married _____ Divorced _____
Remarried _____ Deceased _____

Church where married _____

City/State _____

If student is not living with parents, complete the following:

Guardian:

Family Name _____ First _____ Middle _____ Place of Birth _____

Religion _____ Home Address _____ Phone # _____

Occupation _____ Business Address _____ Work Phone # _____

Please remit the **\$100.00 non-refundable application fee** with this form.

School presently attending _____ Name of School _____ Address _____

Date Withdrawn _____ Reason _____

PARISH INFORMATION

What year did you register as a member of St. Bernardine Parish? _____ Envelope # _____

How long have you lived in your present residence? _____

At what parish were you married? _____

What Mass do you usually attend? _____

Have your children regularly attended Religious Education/Pre-school classes? _____

In what Parish programs are you involved (include length of involvement in program)? _____

Why do you want your child to attend St. Bernardine of Siena School? _____

Applications will not be processed without copies of the following records attached:

Kindergarten Applicants must supply the ** items.

- _____ Official Birth Certificate **
- _____ Baptismal Certificate **
- _____ Reconciliation Certificate
- _____ Eucharist Certificate

- _____ Child's Social Security number **
- _____ Immunization Record **
- _____ Last Report Card
- _____ Last standard test scores

This form must be received directly from current school:

- _____ Teacher Evaluation Report (Students entering Gr. 1 - 8)

A short interview will be held when your child is being tested.

Return completed form to the school office Monday through Friday between 8:00 a.m. and 3:00 p.m. or mail to:

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This application is valid for 1 year from the date of submission. Renewal after 1 year is required to keep applicants on a current waiting list. There is no additional fee for this updating.

Office only:
Verified by _____

Fee Payment _____