For Office Use Only	
Date Received:	_____
Fee Paid:	_____
Code: A NA	

APPLICATION FOR ADMISSION

GENERAL INFORMATION: A non-refundable application fee of $50 must accompany the application. Checks should be made out to St. Brigid School. Applications must be filled out completely.

Student: _____
Last Name First Middle Nickname

To enter the academic year of 20___ - 20___, for grade: PRE-K 3 PRE-K 4 K 1 2 3 4 5 6 7

STUDENT'S HOME ADDRESS:

Street: _____ Family E-mail address: _____

Town: _____ State:_____ Zip:_____

Home Phone: _____ Date of Birth: _____/_____/_____

Birthplace (City, State, Country) _____

Through what source(s) did you hear about St. Brigid School?

____Friend ____Newspaper ____Phone Book ____Current School
____Family ____Church ____Advertisement ____Other_____

Full name of father _____ E-mail address_____

Occupation _____ Employer _____Tel._____

Full name of mother _____ E-mail address_____

Occupation _____ Employer _____Tel._____

Applicant's present school _____

School Address _____

Child lives with ___ both parents____ mother____ father____ other individual. If "other individual", please indicate who _____relationship to child: _____

Please specify if a language other than English is spoken at home. _____

Are any family members graduates of St. Brigid School? ____ If so, please list names. _____

_____

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APPLICATION FOR ADMISSION

Please list brothers and sisters:

Name	Age	School/Grade attending if applicable
_____	_____	_____
_____	_____	_____
_____	_____	_____

RELIGIOUS INFORMATION:

Religion of Student: _____Father: _____Mother: _____

Please list the parish(es) or church (if not Catholic, please note denomination) your family is registered with or regularly attends: _____

Baptismal Date: _____ Church _____
Name Town State

First Communion Date: _____ Church _____
Name Town State

Confirmation Date: _____ Church _____
Name Town State

A COPY OF YOUR CHILD'S BIRTH & BAPTISMAL CERTIFICATE SHOULD ACCOMPANY THIS COMPLETED APPLICATION

ACADEMIC BACKGROUND:

Please list all schools the applicant has previously attended.

School(s) Attended	Grade(s) completed	Years of Attendance
_____	_____	_____
_____	_____	_____
_____	_____	_____

I hereby give Saint Brigid School the right to contact any previously attended school in regards to the recent enrollment of my child. I hereby authorize said school to supply any and all information requested by Saint Brigid School. I release all persons, companies and corporations supplying or receiving such information, to Saint Brigid, the Archdiocese of Hartford, and anyone acting on its/their behalf from and against any and all liability which might result from furnishing or receiving such information.

_____ _____
Parent or Guardian's Signature Parent or Guardian's Signature

FAITH / EXCELLENCE / SERVICE / TRADITION

Phone: 860-561-2130 – Fax: 860-561-0011 – 100 Mayflower St., West Hartford, CT 06110 – www.saintbrigidschool.org