

Saint Bridget School
 455 Plymouth St.
 Abington, MA 02351
 781-878-8482 – 781-871-4471
 NEASC ACCREDITED

School Year _____

Student Information

Student Name (Last, First, Middle)		
Student Local Address (Number, Street, City, State, Zip)		
Student Home Telephone Number	Student DOB (mm/dd/yyyy)	
Student Place of Birth (City, State)	Student Gender: M ___ F ___	Number of Siblings at SBS
Indicate who the student lives with (Check only one): <input type="checkbox"/> Both Parents <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Grandparent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other _____		
Student's Siblings: (Please attach additional form if needed)		
Name _____	Age _____	Grade _____ School _____
Name _____	Age _____	Grade _____ School _____
Name _____	Age _____	Grade _____ School _____
Student Registering for Grade:	Language Spoken at Home:	
Student Race/Ethnic Origin: The following information is OPTIONAL. This information is to assist us in completing state and federal surveys. This information is confidential and will not affect the application process in any way.		
<input type="checkbox"/> White, Non-Hispanic <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black/Non-Hispanic <input type="checkbox"/> Multicultural <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Other		
Student Religious Affiliation:	If Catholic, name of church where you are registered:	
Has student been Baptized? Yes ___ No ___		
Date: _____ Church Name and Address: _____		
Has student received First Holy Communion? Yes ___ No ___		
Date: _____ Church Name and Address: _____		
First Penance Date: _____ Location: _____		
Previous Education Information		
Name of Last School Attended:	Phone Number:	School Type: ___ Public ___ Private ___ Pre-K
City of Last School Attended:	State of Last School Attended:	County/Country of Last School:
Grade Level This Year:	Grade Level Next Year:	Last Date Attended School:

Father/Guardian Information

Father/Guardian's Name (Last, First, Middle)	Home Phone Number:
Father's Place of Birth: _____ Father's Religion: _____	Cell Phone Number:
Employer/Company Name:	Occupation:
Employer Address (Number, Street, City, State, Zip):	Work Telephone Number (Ext):
Home Address If Not Same as Student (#, Street, City, State, Zip)	Email Addresses: Work: _____ Home: _____
Father/Guardian (Please Check All That Apply): <input type="checkbox"/> Receive Report Card <input type="checkbox"/> Authorized to Pick up Student from School <input type="checkbox"/> Send Mail to Home <input type="checkbox"/> Lives With Child <input type="checkbox"/> Authorized as Emergency Contact <input type="checkbox"/> Custodial Rights <input type="checkbox"/> Print Name on Reports <input type="checkbox"/> Is a Saint Bridget School Alum	

Mother/Guardian Information

Mother/Guardian's Name (Last, First, Middle)	Home Phone Number:
Mother's Maiden Name: _____ Mother's Place of Birth: _____ Mother's Religion: _____	Cell Phone Number:
Employer/Company Name:	Occupation:
Employer Address (Number, Street, City, State, Zip):	Work Telephone Number (Ext):
Home Address If Not Same as Student (#, Street, City, State, Zip)	Email Addresses: Work: _____ Home: _____
Mother/Guardian (Please Check All That Apply): <input type="checkbox"/> Receive Report Card <input type="checkbox"/> Authorized to Pick up Student from School <input type="checkbox"/> Send Mail to Home <input type="checkbox"/> Lives With Child <input type="checkbox"/> Authorized as Emergency Contact <input type="checkbox"/> Custodial Rights <input type="checkbox"/> Print Name on Reports <input type="checkbox"/> Is a Saint Bridget School Alum	

Important Information

Is there a visitation order or other court order banning either parent from removing the student during the school day or coming in contact with the student during the school day? If yes, please attach court order. _____ Yes _____ No Date of Order: _____
Do parents have shared parental responsibility? If no, please provide school with copy of court order. _____ Yes _____ No Date of Order: _____
Does student have an IEP, 504, or other identified area of need? If yes, please attach a copy. Yes No

Emergency Information

Provide the name(s) of person(s), other than parent(s) allowed to pick up the student:

Name (First, Middle, Last):	Relationship to Student	Home Telephone/Other Primary #
Name (First, Middle, Last):	Relationship to Student	Home Telephone/Other Primary #
Name (First, Middle, Last):	Relationship to Student	Home Telephone/Other Primary #

Please **Do Not** allow my child to be picked up by:

Name: _____

Parental Consent for Internet Use

I hereby give permission for my child to access the internet. I understand that students may be liable for violations. I understand that some materials on the internet may be objectionable, but I accept responsibility for guidance of internet use, setting and conveying standards for my child to follow when selecting, sharing, or researching information and media.

Signature of Parent/Guardian

Date

The "Acceptable Use Policy" is part of the Student Parent Handbook and must still be read and signed by both a Parent/Guardian and the Student.

Parent Consent for Release of Student Photograph and Information

I hereby give permission for Saint Bridget School or the Archdiocese of Boston to use my child's photograph, video image, voice recording, name, grade level, school name, description of participation and statistics in officially recognized activities and sports, dates of attendance, diplomas and awards received in newspapers and websites. I understand that without my signature, my child's name and photograph cannot and will not be included in any publication.

Signature of Parent/Guardian

Date

Medical Treatment Release Form

Student Name:	Student Date of Birth:
Primary Doctor:	Phone Number:
Dentist:	Phone Number:
Insurance Carrier:	Policy Number:

I _____ (Parent/Guardian) give Saint Bridget School and its designated representative permission to transport and sign all forms related to the necessary medical treatment for _____ (Child). I also permit any and all required medical treatment to be administered by school staff, school nurse, and qualified medical personal, including 9-1-1.

Signature of Parent/Guardian

Date

Medical Treatment Release Form (Continued)

List any/all medications student is taking:

List any/all known allergies, including food and medications:

Please indicate any special needs or information necessary to ensure the appropriate medical attention is provided:

Immediate Response Information System (I.R.I.S.)

I.R.I.S. is an automated system used to notify parents of an emergency school cancellation or scheduled change specific to Saint Bridget School. In addition, the system will be used for communications that are deemed urgent or of high priority. Please provide the following information to ensure that you will be contacted in the event of an emergency or notification.

Priority Phone One: _____

Priority Phone Two: _____

Priority Email One: _____

Priority Email Two: _____

I understand that this application form does not guarantee admission into Saint Bridget School. Schools in the Archdiocese of Boston admit students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the schools.

Signature of Mother/Guardian

Date

Signature of Father/Guardian

Date

OFFICE USE ONLY

Check List of Required Documentation and Fees

- | | |
|--|--|
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Baptismal Record (If Applicable) |
| <input type="checkbox"/> IEP/ 504 (If Applicable) | <input type="checkbox"/> Psychological Testing (If Applicable) |
| <input type="checkbox"/> Chapter 1 (If Applicable) | <input type="checkbox"/> Handling Fee |
| <input type="checkbox"/> Health Records | <input type="checkbox"/> Latest Report Card |
| <input type="checkbox"/> First Communion (If Applicable) | <input type="checkbox"/> Latest Testing Scores |