



St. Bridget of Sweden School

7120 Whitaker Avenue, Lake Balboa, CA 91406

818-785-4422 Fax 818-785-0490

www.stbridgetofswedenschool.org

2016-2017 SCHOOL APPLICATION / STUDENT INFORMATION

STUDENT INFORMATION:

_____ Grade applying for: _____

First Name _____ Middle _____ Last Name _____

_____ Sex: Male ___ Female ___

Birthdate _____ Birthplace (City & State) _____

Home Address _____ City _____ Zip code _____ Home Telephone _____

Current Grade _____ Current School of Attendance _____

Child resides with: ___ Both Natural Parents ___ Mother Only ___ Father Only
___ Mother/Stepfather ___ Father/Stepmother

Other (Please specify relationship to child): _____

If divorced, who has legal custody of the child? _____ Who will be financially responsible for tuition? _____

What language is spoken at home? _____ Does the child speak and understand English? Yes ___ No ___

What religion is the child? _____

Are you a registered and contributing member of St. Bridget of Sweden Church? Yes ___ No ___ Envelope Number: _____

How long have you been a member of the Parish? _____ What Parish Ministries or Parish Organizations are you involved in? (list below)

Please check that you have included the following items to submit with your application:

- _____ Copy of Birth Certificate
- _____ Copy of Baptismal Certificate (if applicable)
- _____ Copy of First Communion certificate (if applicable)
- _____ Current and up-to-date immunization records
- _____ Copy of Report Card



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2016-2017 SCHOOL APPLICATION / FAMILY INFORMATION

FATHER'S INFORMATION:

First Name Middle Last Name Birthplace

Religion Marital Status Occupation Employer

Work Phone Number Cell Phone Number E-mail Address

If different from student please complete:

Father Home Address City State/Zip code Home Telephone

MOTHER'S INFORMATION:

First Name Middle Last Name Birthplace

Religion Marital Status Occupation Employer

Work Phone Number Cell Phone Number E-mail Address

If different from student please complete:

Mother Home Address City State/Zip code Home Telephone

GUARDIAN/LEGAL STEP-PARENT INFORMATION:

First Name Middle Last Name Birthplace

Religion Marital Status Occupation Employer

Work Phone Number Cell Phone Number E-mail Address

If different from student please complete:

Home Address City State/Zip code Home Telephone