

160 West Beverly Place * Tracy, California * (209)835-8019 * License # 393620018/393620019

2025 – 2026 Enrollment Application

Full Name				
(Last)	(First)		(Middle)	
Address	City _	Zip		
Date of Birth	Gender MF	Birth Place		
	(2yrs on/before Sept. 1st) ergarten (4yrs on/before Sept 1)	_Preschool (3yrs on/befo	ore Sept. 1st)	
Family History:				
Father's Full Name	Place of Birth	Countr	Country of Citizenship	
Address	City/Zip	City/Zip Home		
Cell Phone	Email		Years in Tracy	
Employer	Occupation		Work Phone	
Business Address	City/Zip		Religion	
US Census Questions: Ethnicity:Hispar Race (please circle whi	nic/LatinoNon Hispa ich race you identify your family			
Black/African-American	Caucasian/White/Hispanic	Native Hawaiian/Pacific I	Islander	
Asian American	Indian/Native Alaskan Two	or more races		

Mother's Full Name	Place of Birth	Country of Citizenship
Same address as above		
Address	City/Zip	Home Phone
Cell Phone Ema	il	Years in Tracy
Employer	Occupation	Work Phone
Business Address	City/Zip	Religion
Child primarily resides with: Both Parents	Father	Guardian
Marital status of parents: Married	SingleParents	s Divorced Parents Separated
Please check if pertinent:Father Deceased	Eather Remarried Me	
riease check ii pertinent:rather beceased _	rather Kemaineuivio	ther Deceased Mother Remarried
		ther Deceased Mother Remarried
Person to contact about this application	l: 	ther Deceased Mother Remarried
Person to contact about this application Print Full Name	l: 	onship
Person to contact about this application	Relati	onship
Person to contact about this application Print Full Name Address Phone #	Relati	Tonship Zip
Person to contact about this application Print Full Name Address	Relati	Tonship Zip
Person to contact about this application Print Full Name Address Phone #	Relati	Tonship Zip
Person to contact about this application Print Full Name Address Phone #	Relati	Tonship Zip

Siblings presently at	tending St. Bernard's Sch	nool:	
Name	Grade	Name	Grade
Name	Grade	Name	Grade
Name of Parish where	you are an active member:		
		Parish	City
(If St. Bernard's, please st	ate under which name you ar	e registered in the parish	n):
Name registered			
Baptism:			
Date	Churc	ch	City/State