



**Application for Admissions
2015-2016 Academic Year**

STUDENT INFORMATION

Full Legal Name of Student:		Prefers to be called:		<input type="checkbox"/> Male	<input type="checkbox"/> Female
Date of Birth:	Birth City:	Birth State:	Birth Country:		
Religion:	Parish:	Public School District:			
Is the student Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No	Ethnicity, Check all that apply: <input type="checkbox"/> AM: American Indian or Alaskan Native <input type="checkbox"/> BL: Black (Not Hispanic) <input type="checkbox"/> HI: Hispanic		<input type="checkbox"/> AS: Asian or Pacific Islander <input type="checkbox"/> WH: White (Not Hispanic)		
Is this student a Ward of the Court? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has this student lived in the US for 3 or more years? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the student from one or more of these races? <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American			
Has this child participated in any of the programs listed below? (Check all that apply) <input type="checkbox"/> Gifted <input type="checkbox"/> Special Education <input type="checkbox"/> Speech <input type="checkbox"/> ELL – English Language Learner <input type="checkbox"/> Other – please specify:		Does your child have an individual educational program (IEP or IFSP)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has this child been retained at any grade level? <input type="checkbox"/> Yes If yes, which grade? <input type="checkbox"/> No		
Is a language other than English spoken at home? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what language?		Please describe any learning or behavioral needs that your child displays (i.e. language delay, hearing impairment)			

Transfer Students Only: Is this student transferring from another school? Yes No If yes, please complete a **Release Form** for school records.

Expected Grade Level at Time of Enrollment? Pre-K* K** 1 2 3 4 5 6 7 8 9 10 11 12

Pre-K Only: What was your child's weight at birth? _____ Was your child born prematurely? Yes No If yes, how many months? _____

Preferred Time: Mon-Fri – PM only Mon, Wed, Fri – AM Mon, Wed, Fri – PM Tue, Thurs – AM Tue, Thurs - PM

PARENT/GUARDIAN INFORMATION

Name: _____ <small>First Middle Last</small>		<input type="checkbox"/> Mr.	<input type="checkbox"/> Ms.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss	<input type="checkbox"/> Dr.	<input type="checkbox"/> Male	<input type="checkbox"/> Female
E-mail Address			Bergan Alumni? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Class Year? _____					
Physical Address (Where you Live)			City:	State:	Zip Code:			
Mailing Address (Where we send mail)			City:	State:	Zip Code:			
Home Phone:		Cell Phone:		Work Phone:				
Employer:		Title:		Employer Address:				
OK to pick up? <input type="checkbox"/> Yes <input type="checkbox"/> No		Legal Custody? <input type="checkbox"/> Yes <input type="checkbox"/> No		Lives With? <input type="checkbox"/> Yes <input type="checkbox"/> No		Receives Mail? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Name: _____ <small>First Middle Last</small>		<input type="checkbox"/> Mr.	<input type="checkbox"/> Ms.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss	<input type="checkbox"/> Dr.	<input type="checkbox"/> Male	<input type="checkbox"/> Female
E-mail Address			Bergan Alumni? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Class Year? _____					
Physical Address (Where you Live)			City:	State:	Zip Code:			
Mailing Address (Where we send mail)			City:	State:	Zip Code:			
Home Phone:		Cell Phone:		Work Phone:				
Employer:		Title:		Employer Address:				
OK to pick up? <input type="checkbox"/> Yes <input type="checkbox"/> No		Legal Custody? <input type="checkbox"/> Yes <input type="checkbox"/> No		Lives With? <input type="checkbox"/> Yes <input type="checkbox"/> No		Receives Mail? <input type="checkbox"/> Yes <input type="checkbox"/> No		

FAMILY INFORMATION

How many persons are living in your household? _____ Please list names and ages below.

Name:	Age:	Name:	Age:
Name:	Age:	Name:	Age:
Name:	Age:	Name:	Age:
Name:	Age:	Name:	Age:

(OVER)



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EMERGENCY CONTACTS

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Doctor:	Address:	Phone:
Emergency Contact (other than Parent/Guardian):		Relationship:
Address:		OK to pick up? <input type="checkbox"/> Yes <input type="checkbox"/> No
Home Phone:	Cell Phone:	Work Phone:
ALUMNI OFFICE INFORMATION		
List the names of relatives who have or are presently attending Archbishop Bergan Catholic School (If known, include Class Year)		

* Pre-K students must be 3 years old by their first day of school.

**Nebraska State Law states children who will be 5 years old, on or before, July 31, 2015 are eligible to enroll and attend kindergarten. Children who were born between July 31 and October 15 may be eligible to participate in kindergarten under certain conditions.

To find out if a child is eligible to participate, parents should contact the Bonnie Nebuda, Director of Advancement at 402-721-1846 or email bonnie.nebuda@berganknights.org.

There is a lot of information we are going to need to enroll your child at Archbishop Bergan Catholic School!

Before your application can be processed, the following documents need to be sent to Archbishop Bergan Catholic School, Advancement Office: 545 East 4th Street, Fremont, NE 68025.

All applications will be reviewed. For transfer students, your previous school records will also be reviewed as part of the application process.

The following documents are required for a completed application to be reviewed:

- Archbishop Bergan Catholic Schools Application for Admissions (this form)
- Tuition Contract
- Enrollment Deposit
- Transcript Release Form (Transfer Students ONLY)
- Certified Birth Certificate (Incoming Kindergarteners ONLY)
- Current Immunization Record (Incoming Preschool & Kindergartners ONLY)

Please view the Admissions Checklist if you have questions about each of these forms and the correct department to contact.

Parent/Guardian Signature _____

Date _____

Preschool/Elementary Building
1515 N Johnson Rd, Fremont, NE 68025
P: 402-721-9766 • F: 402-721-1180



Middle/High School Building
545 E 4th St, Fremont, NE 68025
P: 402-721-9683 • F: 402-721-5366