



St. Bernard High School

Application Instructions

Admissions Application: Follow instructions carefully. Complete the application and return to St. Bernard High School. Incomplete applications cannot be processed.

1. Application Fee: \$80.00 This non-refundable fee includes Application processing and the High School Placement Test.
2. Application Information Card: Signatures are required where indicated. Current student photo must be attached.
3. The High School Placement Test (HSPT): Required of all incoming freshmen applicants. Transfer students must submit standardized test scores.
4. Academic Records: Provide current grades and complete academic transcript. Current grades can be recorded by the principal/counselor on the recommendation form.
5. Student Personal Statements: Student will respond to the writing prompts and will complete short answer essays.
6. Request for Student Records & Recommendations: The enclosed recommendation forms must be given to your teachers, principal, and/or counselor with attached records request. These forms should be sent directly to SBHS or may be included in your application in a sealed envelope. If student is currently enrolled in a Catholic school, please complete the Common Evaluation Form instead.
7. Baptismal Certificate: Required to receive the Catholic Tuition rate.
8. Birth Certificate: Please submit a copy of the live birth certificate.
9. Immunization Records: You must provide an up-to-date immunization record for your child. Immunizations are a state requirement for all students before they may register for the first time. All students must have had a Tdap immunization on or after their 7th birthday.
10. Parent/Guardian Special Circumstances Statement: For parents to explain any special circumstances and/or to add any additional information for the Admissions Committee to consider.
11. Financial Assistance and Scholarship Information: Financial Assistance and Scholarship Applications will be available beginning November 1st.
For more information and the FACTS application visit our website <http://stbernardhs.org/tuition-aid/>

Office of Admission Call: (310) 823-4651 x113
Email: admissions@stbernardhs.org

**Blessed* Bold* Brilliant **

9100 Falmouth Ave. * Playa del Rey, California 90293 * Ph: 310-823-4651 * www.STBERNARDHS.org

PLEASE PRINT OR TYPE
DO NOT LEAVE ANY LINES BLANK

STUDENT APPLICATION ST. BERNARD HIGH SCHOOL
9100 Falmouth Avenue, Playa del Rey CA 90293 310.823.4651

<u>Student's Last Name</u>	<u>First</u>	<u>Middle</u>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<u>Grade Entering</u>	<u>New Student</u> <input type="checkbox"/> Yes <input type="checkbox"/> No
<u>School</u>			<u>Present</u>		
<u>Home Address</u>		<u>City</u>	<u>Date of Birth</u>		
<u>()</u>	<u>()</u>		<u>Place of Birth</u>		
<u>Home Phone #</u>	<u>Cell #</u>	<u>Email Address</u>		<u>Primary Language Spoken at Home</u>	
			<u>Date Application Submitted</u>		

<u>Student lives with:</u> <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-parent <input type="checkbox"/> Guardian (specify)	<u>Student's Ethnic Category: For statistical purposes only</u> <input type="checkbox"/> Native American <input type="checkbox"/> Filipino <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> African American/Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> White/Other <input type="checkbox"/> Multiracial <input type="checkbox"/> Other (specify below)
<u>Student's Religion</u>	
<u>Parish/Church</u>	
<u>City of Parish</u>	

<u>Mother's Full Name</u>
<u>Address</u>
<u>City/State</u> <u>Zip</u>
<u>()</u>
<u>Home Phone</u>
<u>()</u>
<u>Cell Phone</u>
<u>Email Address</u>
<u>Name of Company</u> <u>City</u>
<u>Profession & Position</u>
<u>()</u>
<u>Work Phone</u>

<u>Father's Full Name</u>
<u>Address</u>
<u>City/State</u> <u>Zip</u>
<u>()</u>
<u>Home Phone</u>
<u>()</u>
<u>Cell Phone</u>
<u>Email Address</u>
<u>Name of Company</u> <u>City</u>
<u>Profession & Position</u>
<u>()</u>
<u>Work Phone</u>

<u>Step-parent/Guardian's Full Name</u>
<u>Address</u>
<u>City/State</u> <u>Zip</u>
<u>()</u>
<u>Home Phone</u>
<u>()</u>
<u>Cell Phone</u>
<u>Email Address</u>
<u>Name of Company</u> <u>City</u>
<u>Profession & Position</u>
<u>()</u>
<u>Work Phone</u>

Please List Alumni Siblings/Relatives and Class Year: _____
 Billing Name _____
 Address _____
 City/State _____ Zip _____

As parent or guardian, I accept responsibility for timely payment of tuition and fees, and I understand they are nonrefundable. As parent or guardian or student, I attest that all information is true to the best of my knowledge. I also realize that if accepted to this High School I become responsible for reading, understanding, supporting, and abiding by all policies outlined and explained in the *Parent/Student Handbook*, distributed at the beginning of each new school year.



St. Bernard High School

Personal Statement

STUDENT: Respond using 200-250 words per question. On a separate sheet of paper, you may type or handwrite your responses. Responses should be thoughtful and concise. The Admissions Committee will use these to gain knowledge of your character and intention. Your signature indicates that these responses are yours alone.

1. We teach our Bernard students to become both faith-filled disciples and honorable citizens. Describe how you have demonstrated or aspire to demonstrate these ideals.
2. Tell us about an experience or accomplishment in your life that makes you especially proud. How does this contribute to the leader you would like to become?
3. **Choose one of the following questions.**
A. Design what "the school backpack" will look like in 10 years. Explain.
B. Your school Principal asks you to teach a 15 minute lesson of your choice. What would you teach, how would you teach it and why? Example, a cooking lesson in Spanish or Shakespeare lesson in the park.
4. Please list any school/community activities you are involved in and any awards that you have received.

Student Signature _____

Parent Signature _____

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St. Bernard High School

English Teacher Recommendation Part I

Applicant: Complete this form and attach it to English Teacher Recommendation Part II prior to submitting this to your current English instructor.

Student Name

Grade

Date of Birth

Current School

School Phone

School Fax

School Address

City

State, Zip

I hereby authorize St. Bernard High School Administration to discuss in general or in detail the confidential information included in my child's letters of recommendation. The recommendations may be discussed in person, in writing, or by means of telephone with the individual designated to fill out the recommendation. I understand that all designated parties will be notified of this authorization and that this information will remain strictly confidential between these parties.

I hereby waive my right to access this recommendation submitted on my child's behalf.

Parent Signature _____ Date _____

Student Signature _____ Date _____

Instructor will mail this form along with the recommendation form directly to St. Bernard High School. If form is returned to parent for submission, St. Bernard will only accept recommendation signed and sealed in a separate envelope.

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St. Bernard High School

Math Teacher Recommendation Part I

Applicant: Complete this form and attach it to Math Teacher Recommendation Part II prior to submitting to your current Math instructor.

Student Name

Grade

Date of Birth

Current School

School Phone

School Fax

School Address

City

State, Zip

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I hereby waive my right to access this recommendation submitted on my child's behalf.

Parent Signature _____ Date _____

Student Signature _____ Date _____

Instructor will mail this form along with the recommendation form directly to St. Bernard High School. If form is returned to parent for submission, St. Bernard will only accept recommendation signed and sealed in a separate envelope.

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St. Bernard High School

Principal/ Counselor Recommendation Part I

Applicant: Complete this form and attach it with Part II of the recommendation prior to submitting this to your Principal or Counselor.

Student Name

Grade

Date of Birth

Current School

School Phone

School Fax

School Address

City

State, Zip

My son/daughter has applied for admission to St. Bernard High School. In accordance with the Family Educational Rights and Privacy Acts of 1974 and California State Law, I hereby authorize the release of all requested records to St. Bernard High School.

I hereby authorize St. Bernard High School Administration to discuss in general or in detail the confidential information included in my child's letters of recommendation. The recommendations may be discussed in person, in writing, or by means of telephone with the individual designated to fill out the recommendation. I understand that all designated parties will be notified of this authorization and that this information will remain strictly confidential between these parties.

I hereby waive my right to access this recommendation submitted on my child's behalf.

Parent Signature _____ Date _____

Student Signature _____ Date _____

Principal/Counselor will mail this form along with the recommendation form directly to St. Bernard High School. If form is returned to parent for submission, St. Bernard will only accept recommendation signed and sealed in a separate envelope.

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St. Bernard High School

Principal/ Counselor Recommendation Part II

Name of Applicant _____ Grade _____

Note: Please do not accept any recommendation forms that do not have Part I attached with all necessary signatures.

How long has this student attended your school? _____

Please check the appropriate responses. We appreciate all comments and additional insight you can add.

	Excellent	Good	Fair	Poor	Comments
Character					
Responsibility					
Leadership					
Initiative					
Work Habits					
Attendance					Please list number of absences _____ and tardies _____
Cooperation					
General Conduct					

Please list grades and course titles for the current semester of this school year. Attach a transcript, if available.

English Language	Reading	Social Studies	Science	Math	Religion	Other	Conduct
Course Title:	Course Title:	Course Title:	Course Title:	Course Title:	Course Title:	Course Title:	
Grade:	Grade:	Grade:	Grade:	Grade:	Grade:	Grade:	Grade:

Please circle your recommendation for placement of this student for the upcoming academic year:

Summer School: Not needed Intro. to Algebra English Language Arts Other

English/History: Below Grade Level Support Needs ELL College Preparatory Honors/A.P.

Math: Below Grade Level Support College Preparatory Honors/A.P.

Comments:

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Principal/ Counselor Recommendation Part II

Continued

Disciplinary Clearance: We would appreciate your input regarding this child's behavior. If you have any reason to change your recommendation after submitting this form, please notify the Admission Office at St. Bernard High School.

Has this student ever been asked to withdraw from this school? Yes No
 If Yes, please explain the circumstances below.

Has this student ever been on disciplinary probation? Yes No
 If Yes, please explain the circumstances below.

Please check here if you would like us to call you to discuss this child in greater detail.

Parent Involvement: Please mark the appropriate responses and make comments.

	Always Supports	Usually Supports	Frequently Disagrees or Does Not Support	Comments
School Philosophy				
School Policies (disciplinary action, etc)				
School Activities				
Volunteer Needs				

Financial Obligations: Parents meet financial obligations Parents fail to meet financial obligations
 Parents need special consideration regarding financial arrangements

Comments:

Overall Recommendation: Please mark your recommendations. Include additional information that may be helpful or should be considered when evaluating this applicant's file.

	Strongly Recommend (Top 10%)	Recommend	With Reservations (please explain)	Does Not Recommend (please comment)
Academically				
Work Habits				
Character				

Comments:

 Name and signature of person completing this form

 Title/Position Printed Name Signature Date

May we call you if we have any questions regarding this student? _____
 (if yes, please include phone number)

Please mail this recommendation directly back to:

**St. Bernard High School
 ATTN: Office of Admission
 9100 Falmouth Avenue
 Playa del Rey, CA 90293**



St. Bernard High School

Additional Questions

Question	Yes	No	Explanation/Comment
Do you participate in athletics?			If yes, which sports?
Do you play a musical instrument?			If yes, which instrument(s)?
Do you enjoy singing or sing in a choir?			
Are you fluent in any other language other than English?			If yes, which language? Do you also read and write fluently?
Are you applying to other schools?			If yes, which schools?
Do you know students currently attending St. Bernard?			If yes, who/what class?
Are any members of your family alumni of St. Bernard?			If yes, who and what year did they graduate?
Did anyone specifically refer you to apply to St. Bernard?			If yes, who?
Have you ever attended a Catholic school?			If yes, for what grades?
Are you an active participant in your Church Community?			In what way?
List five (5) words that best describe you.			
What do you enjoy doing outside of the classroom?			
Is there anything new you would like to learn i.e., surfing, playing guitar?			
What is your dream job?			
What inspires you to fulfill your dreams?			
What is your favorite book?			
Name 1 thing you would like to accomplish during your 4 years in High School, i.e., class president, captain of the football team?			
What is your dream college or university?			
Who is your hero?			
What would you like your legacy to be upon graduation from high school?			

How did you hear about St. Bernard High School? Outreach Event (please name):
 High School Night SBHS visited your school Family/Friend Other (please name):

Do you have any questions for St. Bernard High School or, is there anything else you would like us to know that we haven't asked?

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St. Bernard High School

High School Placement Test (HSPT)

Required for all incoming Freshmen. Application fee includes testing at SBHS.

First Name: _____ **Last Name:** _____

Please check the statement that applies:

- I will be taking the High School Placement Test at St. Bernard High School.
- Please send my scores to the following school(s):

- I will not be taking the High School Placement Test at St. Bernard High School. I will be taking the test at the following location: _____

NOTE: If you are testing at a different school, it is the parent's responsibility to request that these scores be sent directly to SBHS.

Parent Name: _____
(please print)

Parent Email: _____
(please print)

Parent Signature: _____

Date: _____



St. Bernard High School

Financial Information

Parents, please check any statement that applies:

- Yes, I plan to apply for financial aid at St. Bernard High School by completing an application through the FACTS online system.
- Yes, I would like my student to be considered for merit scholarships at St. Bernard High School.
- My student is currently a recipient of Catholic Education Foundation funding at his/her current school.



St. Bernard High School

OFFICIAL Request for Student Records

Applicant: Complete the top half of the form and submit to St. Bernard High School
NOTE: SBHS will submit this form to your current school upon admission for final academic review.

Student Name

Grade

Date of Birth

Current School

School Phone

School Fax

School Address

City

State, Zip

My son/daughter has applied for admission to St. Bernard High School. In accordance with the Family Educational Rights and Privacy Acts of 1974 and California State Law, I hereby authorize the release of all requested records to St. Bernard High School.

I hereby authorize St. Bernard High School Administration to discuss in general or in detail the confidential information included in my child's records. I understand that all designated parties will be notified of this authorization and that this information will remain strictly confidential between these parties.

Parent Signature _____ Date _____

Records Requested:

Official Transcript
Standardized Test Scores

Please mail records directly to:

**St. Bernard High School
ATTN: Office of Admission
9100 Falmouth Avenue
Playa del Rey, CA 90293**

Records Received

For SBHS Office Use:

Please indicate all official records received:

_____ official transcript to date _____ standardized test scores _____ other:

Received by (Print and Initial) _____