



ST. BERNARD'S ACADEMY

222 Dollison Street ♦ Eureka, CA 95501 ♦ (707)443-2735 ♦ www.saintbernards.us

ADMISSIONS APPLICATION (PAGE 1 of 4)

Date: _____ Current Grade: _____ Applying to Grade: _____

■ STUDENT INFORMATION

female

male

Last Name First Name Middle Initial Preferred Name

Home Address: _____
Street City State Zip

Telephone: _____ Alternate/Cell: _____

Student email: _____ Birth Place & Date: _____

Last School Attended: _____ Location: _____

Religious Affiliation of Student: _____ Social Security# _____

CATHOLICS ONLY/Date of Baptism: _____ Communion: _____ Confirmation: _____

Our family is Registered at the following Parish: _____

Nationality:
 White Asian African American Hispanic Native American Multi-Racial Native Hawaiian/Pacific Islander Home Language: _____

■ EDUCATIONAL, ATHLETIC & EXTRACURRICULAR INFORMATION

Has your child ever received special services in any of the following programs:

If YES, check all that apply: IEP 504 Speech GATE OTHER _____

Please indicate your interest in any of the following extracurricular activities:

Art Music Drama Chess Math Student Government Leadership Opportunities

Please indicate your interest in any of the following athletic programs:

Football Soccer Volleyball Tennis Basketball Baseball Softball Track Golf Wrestling OTHER

Please disclose disciplinary infractions: (failure to disclose could result in revoked admissions)

Suspension Expulsion Referrals Probation Not Applicable

Parent's Signature Date Student's Signature Date

■ FAMILY INFORMATION

Student lives with : Both Parents Part-Time with each parent Mother Father Grandparent(s) Guardian
 Parents divorced/separated Mother deceased Father deceased Mother remarried Father remarried

Preferred daytime telephone for Parent/Guardian: _____ Email for Parent/Guardian: _____

Custodial Mother's Name: _____ employer: _____

Home Address: _____ work phone: _____

Custodial Father's Name: _____ employer: _____

Home Address: _____ work phone: _____

Non-Custodial Parent's Name: _____ employer: _____

Home Address: _____ work phone: _____

Also send official school mailing to non-custodial parent? YES NO

ADMISSIONS APPLICATION (PAGE 2 of 4)

EMERGENCY CONTACT INFORMATION

Emergency Contact _____ Relationship _____

Home Address: _____
Street City State Zip

Telephone: _____ Alternate/Cell: _____

Authorized to pick up child from school in an emergency or the event that we are unable to contact you? YES NO

Please list two other individuals authorized to pick up child from school in an emergency or the event we are unable to contact you:

Contact _____ Phone/Cell _____

Contact _____ Phone/Cell _____

■ FINANCIAL INFORMATION

Please select your payment plan: Annual (paid in full) Monthly (10 month schedule) Bi-Annual Quarterly

REFERRAL INFORMATION

How did you become interested in St. Bernard's Academy? (Please check all that apply)

Family Newspaper Friends Website Alumni Faculty/Staff Other _____

Please indicate the name of the family who referred you:

Student _____ Parents _____

I hereby certify that all of the above information is true and accurate to the best of my knowledge, that acceptance is conditional for three months.

Parent Signature _____ Date _____ Parent Signature _____ Date _____

■ PLEASE INCLUDE THE FOLLOWING WITH YOUR APPLICATION

- _____ 1. Non-refundable application fee of \$40, (\$60 for two or more applicants)
- _____ 2. Copy of most recent report card and transcript
- _____ 3. Parent essay describing educational and spiritual expectations for your child
- _____ 4. Student questionnaire for admissions
- _____ 5. Recommendation letter from an adult not related to the student
- _____ 6. Proof of sacraments (Catholics ONLY)

For St. Bernard's Academy Use Only

_____	President/Principal	Date _____
_____	Director of Admissions	Date _____
_____	Records	Date _____
_____	Controller	Date _____
_____	College Counselor	Date _____

STUDENT QUESTIONNAIRE (PAGE 3 of 4)

We would like to give you, the student, an opportunity to tell us about yourself. The answers should be your own work, and should reflect your personal feelings and ideas. Please return this questionnaire along with your application before your visit and interview. Please print or write your answers in the spaces provided below.
Please do **NOT** type.

Name of Applicant: _____ Current Grade: _____

■ ACADEMIC

1. What academic subjects interest you most?

2. Is there anything that you feel hinders the quality of the work you do?

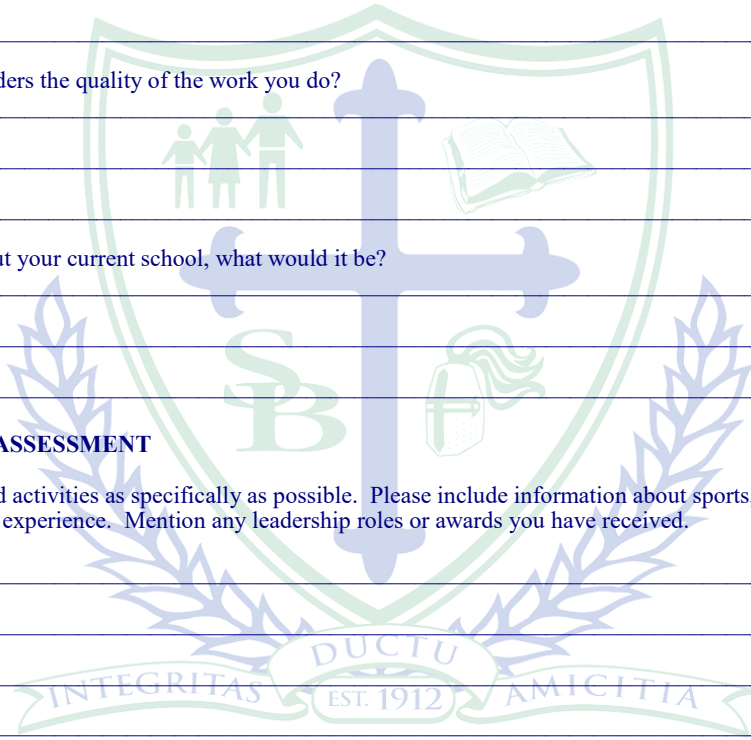
3. If you could change anything about your current school, what would it be?

■ ACTIVITIES AND PERSONAL ASSESSMENT

1. Describe your current interests and activities as specifically as possible. Please include information about sports, drama, art, music, hobbies, religious activities, volunteer work or work experience. Mention any leadership roles or awards you have received.

2. Of what activities or accomplishments are you most proud?

3. Why do you think you should be accepted at St. Bernard's Academy?

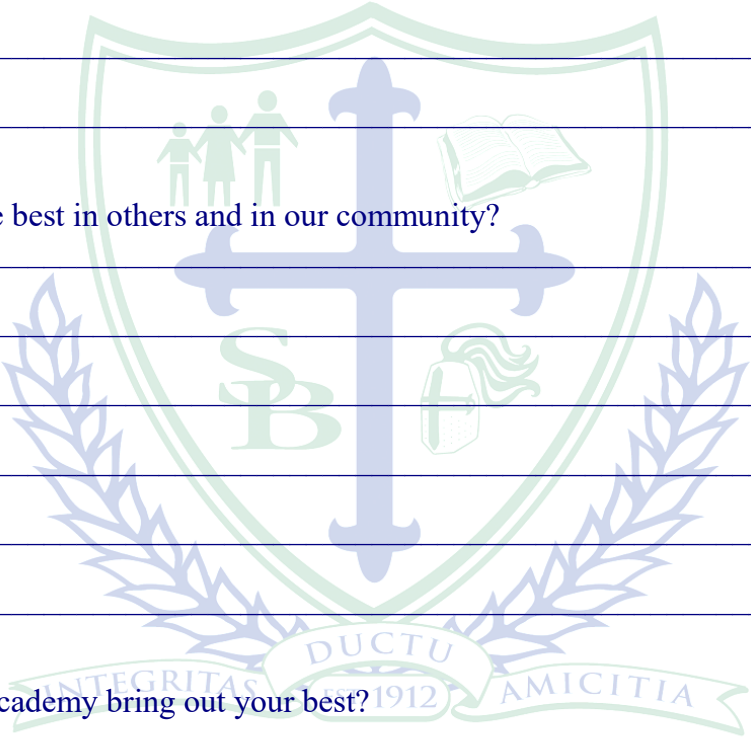


STUDENT QUESTIONNAIRE (PAGE 4 of 4)

■ YOUR BEST

1. When are you at your best?

2. How do you bring out the best in others and in our community?



2. How can St. Bernard's Academy bring out your best?

Signature of Applicant

Date