



ST. BERNARD'S ACADEMY

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

BOARDING APPLICATION (PAGE 1 of 4)

Date: _____ Applying to Grade: _____

STUDENT APPLICATION INFORMATION

Last Name	First Name	Middle Initial	Preferred Name	
Address		City/State	Country	Postal Zone
Home Telephone: _____		Student Email: _____		
Date of Birth: _____	Country/City of Birth: _____			<input type="checkbox"/> Male
Passport No.: _____	Expiration Date: _____			<input type="checkbox"/> Female
Last School Attended: _____		Location: _____		
Religious Affiliation of Student: _____		Home Language: _____		
Languages Studied: <input type="checkbox"/> English <input type="checkbox"/> Vietnamese <input type="checkbox"/> Taiwanese <input type="checkbox"/> Korean <input type="checkbox"/> Chinese <input type="checkbox"/> Other: _____				
CATHOLICS ONLY / Date of Baptism: _____		Communion: _____	Confirmation: _____	

PHOTO OF APPLICANT (OPTIONAL)

Below, briefly tell us what activities you enjoy below and why. Your interests are important to us.

PHOTO OF APPLICANT IN A RECENT ACTIVITY THAT HE OR SHE ENJOYS (OPTIONAL)

Is the applicant a citizen of the United States? Yes No

If **NOT** a United States citizen, please note his or her citizenship: _____

Will this applicant require an I-20 form to apply for a United States visa? Yes No

If **YES**, list the applicant's name as it appears on his or her passport: _____

At St. Bernard's Academy, English is the primary language of instruction, and fluency in English is essential.

In the past two years of the student's education, has English been the primary language of instruction? _____

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FAMILY INFORMATION

Name of Father or Legal Guardian: _____
first middle last

Home Address: _____ Postal Zone: _____

City/State: _____ Country: _____

Home Phone: _____ Email: _____

Occupation/Business Name: _____ Position: _____

Business Address: _____ City/State: _____

Business Phone: _____

Name of Mother or Legal Guardian: _____
first middle last

Home Address: _____ Postal Zone: _____

City/State: _____ Country: _____

Home Phone: _____ Email: _____

Occupation/Business Name: _____ Position: _____

Business Address: _____ City/State: _____

Business Phone: _____

Brothers and Sisters:

Name: _____ Age: _____ Male Female

Name: _____ Age: _____ Male Female

Name: _____ Age: _____ Male Female

ACADEMIC, ATHLETIC & EXTRACURRICULAR INFORMATION

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

Art Music Drama Dance Chess Math Student Government

Please indicate your interest in any of the following Athletic Programs:

Football Soccer Volleyball Tennis Basketball Baseball Softball Track Golf Wrestling Other

Athletics Affidavit:

By signing this affidavit below, I hereby certify that no person who is connected with the athletic department of the St. Bernard's, or is part of the booster club of St. Bernard's, or who was acting on their behalf, has had communication, directly or indirectly, through intermediaries or otherwise, with this transfer student, student's parents, guardian or caregiver or anyone acting on behalf of this student, prior to completion of the enrollment process of St. Bernard's.

Parent Signature

Date

Student Signature

Date

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CONTINUED...ACADEMIC, ATHLETIC & EXTRACURRICULAR INFORMATION

Does the applicant play a musical instrument? Yes No

If YES, which instruments and for how long? _____

Does the applicant have any talents or interests in fine arts, drama or computer skills? If so, please elaborate below.

EMERGENCY CONTACT INFORMATION

Emergency Contact _____

Relationship _____

Home Address: _____

Street

City

State

Zip

I hereby authorize and consent to St. Bernard's Academy, its employees and agents, in my stead, to administer emergency medical assistance to my child. This permission and consent extends to the right of St. Bernard's Academy, its employees and agents, to arrange for immediate medical treatment by a licensed or certified physician and or other medical personnel, and for such physician or other medical personnel to apply such emergency techniques which in their judgment they deem appropriate to treat any injury sustained by my child. I further authorize St. Bernard's Academy, by and through its employees and agents, to administer such emergency medical treatment as is necessary for the health and welfare of my child. I will accept responsibility for any expense incurred.

I do hereby agree to hold harmless and indemnify St. Bernard's Academy, its employees and agents, either jointly or separately from and against any and all claims, demands, damages, or causes of action, or injuries, including reasonable attorneys fees and costs in the defense thereof resulting from or arising out of the provision of emergency medical treatment by school personnel or by a physician and/or other medical personnel.

Parent/Guardian Name: _____

Parent/Guardian Address: _____

Parent/Guardian Email: _____ Phone: _____ Cell _____

Parent/Guardian Signature: _____

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REFERRAL INFORMATION

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

Relative Recruiting Company Friends Website Alumni Faculty/Staff Other _____

Are you with a recruiting company? Company name? _____

Name of recruiting agent: _____ Phone Number: _____

Company Address: _____

Street

City

State

Zip

Please indicate the name of any other family who may embrace the same vision and mission of St. Bernard's and whose child may benefit from our school:

Student Name: _____

Parents Names: _____

Address: _____ Postal Zone: _____

City/State: _____ Country: _____

Phone/Cell: _____ Email: _____

I certify that all of the above information is true and accurate to the best of my knowledge.

Parent Signature

Date

Student Signature

Date

PLEASE INCLUDE THE FOLLOWING WITH YOUR APPLICATION

- 1. Non-refundable application fee of \$100
- 2. Copy of most recent transcript in English (two years of scores)
- 3. Recommendation letters from the student's current math and English instructor
- 4. Copy of Visa and passport
- 5. Copy of certified SLEP, Jr. TOEFL, SSAT and/or TOEFL
- 6. Personal Statement (200-400 words)

Boarding applicants are required to pay tuition, room and board, and fees in full prior to attendance. An interview will be scheduled by the Director of International admissions and the applicant once complete application has been turned in.

President _____

Date _____

Director of Intl. Admissions _____

Date _____

