



# St. Bernard School

## A Catholic Elementary

9626 Park Street, Bellflower, CA 90706 (562)867-9410 [www.stbernardcatholicsschool.com](http://www.stbernardcatholicsschool.com)

Application Date: \_\_\_\_\_

Grade Entering: \_\_\_\_\_

### APPLICATION FOR ADMISSION for 2018-2019 Year

**\$20.00 Application Fee (new students only)**

Student Name: \_\_\_\_\_  
Last First Middle Initial Social Security #

Birth Date: \_\_\_\_\_ Birthplace: \_\_\_\_\_  
Mo/day/year City State Country

Home Address: \_\_\_\_\_  
City State Zip Code

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell# (\_\_\_\_) \_\_\_\_\_

Including Pre-school, list the schools attended most recent first (include addresses)

School Name	Address	City /State /Zip	School Name	Address	City /State /Zip

Father's Name: \_\_\_\_\_  
Last First Middle Initial Birthplace City/State/Country

Residence Address: \_\_\_\_\_

Religion \_\_\_\_\_ Occupation \_\_\_\_\_ Employer Name: \_\_\_\_\_

Business Address \_\_\_\_\_ Work Phone # (\_\_\_\_) \_\_\_\_\_

E-mail Address \_\_\_\_\_ Driver's License # \_\_\_\_\_

Mother's Name: \_\_\_\_\_  
Last Name First Maiden Name Birthplace City/State/Country

Residence Address: \_\_\_\_\_

Religion \_\_\_\_\_ Occupation \_\_\_\_\_ Employer Name: \_\_\_\_\_

Business Address \_\_\_\_\_ Work Phone # (\_\_\_\_) \_\_\_\_\_

E-mail Address \_\_\_\_\_ Driver's License # \_\_\_\_\_

Check home conditions:

- Both Parents       Parent & Step Parent       Single Parent Home   
 Parents Separated       Parents Divorced       Father Remarried   
 Father Deceased       Mother Deceased       Mother Remarried   
 Other \_\_\_\_\_

***If student is under care of Guardian, different from Parents, please list info below.***

\_\_\_\_\_

Last                          First                          Middle Initial                          Birthplace: City/ State / Country                          Relationship to student

Cell # \_\_\_\_\_ E-Mail Address \_\_\_\_\_

In any, list family members currently attending or alumni of St. Bernard School and relation (brother, sister, cousin, etc.)

Are you a registered member of St. Bernard Church? Yes / No                          If YES, give Parish envelope number: # \_\_\_\_\_

If not, what parish do you attend? \_\_\_\_\_

Church                          Address                          City

**Sacramental Information:**

\_\_\_\_\_

Baptism Date                          Church                          City/State

\_\_\_\_\_

1st Communion Date                          Church                          City/State

Sacramental Preparation is requested for my child: \_\_\_\_\_

Child's Name

Indicate which Sacrament preparation is requested:    Baptism       1<sup>st</sup> Reconciliation       1<sup>st</sup> Communion

=====

Application completed by: \_\_\_\_\_ Relation to Applicant \_\_\_\_\_

Signature \_\_\_\_\_ Phone # \_\_\_\_\_

**Promptly return completed application, requested documents & \$20.00 fee to the school office.**

***Available classroom space, a favorable academic readiness evaluation and Principal interview will determine student's acceptance to St. Bernard School.***

<b><u>Do Not Write in this Box.</u></b>	<b><u>Office Use Only:</u></b>
Assessment Date _____	Time: _____
Application Fee Received <input type="checkbox"/> Ck# _____	Cash _____
Certificates Received:	Birth <input type="checkbox"/> Baptismal <input type="checkbox"/> Immunizations <input type="checkbox"/> First Communion <input type="checkbox"/>
	Transcripts <input type="checkbox"/> or      Pre-K Verification Letter <input type="checkbox"/>



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## 2018-2019 Fee Schedule

TUITION AND FEES	1 Child	2 Children	3 Children
<b>REGISTRATION:</b>			
<b>Non-refundable</b>	<b>\$120.00</b>	<b>\$220.00</b>	<b>\$250.00</b>
<b>TECHNOLOGY FEE: per Family</b>	<b>\$50.00</b>	<b>\$50.00</b>	<b>\$50.00</b>
<b>EDUCATIONAL FEE: Due July 1, 2018</b>	<b>\$355.00</b>	<b>\$620.00</b>	<b>\$780.00</b>
<b>Covers testing, student insurance, books and Other educational costs</b>			
<b>TUITION:</b>	<b>\$380.00</b>	<b>\$640.00</b>	<b>\$815.00</b>
<b>August-June (11 months) via F &amp; M Bank direct withdrawal.</b>	<b>Monthly</b>	<b>Monthly</b>	<b>Monthly</b>
<b>**\$100 per month for each additional student over 3.</b>	<b>\$4,180.00</b>	<b>\$7,040.00</b>	<b>\$8,965.00</b>
	<b>Yearly</b>	<b>Yearly</b>	<b>Yearly</b>
<b>FUNDRAISING:</b>	<b>\$500.00</b>	<b>\$600.00</b>	<b>\$600.00</b>
<b>Net profit from selected fundraising events or monthly payments over 10 months Sept.-Jun.</b>	<b>Yearly</b>	<b>Yearly</b>	<b>Yearly</b>
<b>1st half due November 30, 2018</b>	<b>\$36.36</b>	<b>\$45.46</b>	<b>\$45.46</b>
<b>2nd half due April 30, 2019</b>	<b>Monthly</b>	<b>Monthly</b>	<b>Monthly</b>
<b>DAY CARE:</b>			
<b>Daily day care is available before and after school.</b>		<b>DAILY</b>	
<b>Morning Only: \$7.00 a day per student</b>	<b>\$7.00</b>	<b>\$13.00</b>	<b>\$19.00</b>
<b>Afternoon Only: \$14.00 a day per student</b>	<b>\$14.00</b>	<b>\$28.00</b>	<b>\$40.00</b>
<b>Morning/Afternoon: \$19.00 a day per student</b>	<b>\$19.00</b>	<b>\$37.00</b>	<b>\$56.00</b>
<b>A discounted monthly rate is available to parents; payments must be deducted via F &amp; M Bank on the 5th of the month. NO EXCEPTIONS</b>		<b>MONTHLY</b>	
<b>Morning Only: Monthly</b>	<b>\$85.00</b>	<b>\$108.00</b>	<b>\$148.00</b>
<b>Afternoon Only: Monthly</b>	<b>\$175.00</b>	<b>\$220.00</b>	<b>\$300.00</b>
<b>Morning &amp; Afternoon: Monthly</b>	<b>\$260.00</b>	<b>\$328.00</b>	<b>\$448.00</b>

All our families are expected to volunteer their time and talent to St. Bernard School. Such service hours allow us to keep the tuition low, while adding to the students' learning environment and providing appropriate role modeling. Opportunities for service are numerous and varied throughout the year, with lists being distributed to all registered families throughout the year. Each family is expected to volunteer a minimum of 40 hours per school year.

# **"WHAT DO THESE FEES PROVIDE FOR MY STUDENT?"**

## **REGISTRATION FEE**

- **Archdiocesan Fees**
- **Student Insurance**

## **EDUCATION FEE**

- **Accreditation Fee**
- **Consumable Textbooks**
- **Math Program**
- **Counseling Services**
- **Textbooks**

## **TECHNOLOGY FEE**

- **Computer operation system updates**
- **Educational Software**
- **Security System-Camera Updates**
- **Testing Software**

PARENT NAME	STUDENT(S)	GRADES	FACTS NUMBER	
PAYMENT SCHEDULE			YEARLY	MONTHLY
<i>Registration Fee-Due upon Registration</i>				
Technology Fee-Due upon Registration			\$50.00	
<i>First Communion Fee \$150.00 - Due upon Registration</i>				
<i>8<sup>th</sup> Graduation Fee \$175.00 - Due upon Registration</i>				
Educational Fee-Due by July 31, 2018				
Parish Festival Tickets - Due by Sept. 23, 2018			\$50.00	
F & M Bank Payment: Bi-monthly (5th & 20th)			YES	NO
F & M Bank Payment: Monthly 5th (or) Monthly 20th			YES	NO
Credit Card (5th) cc#                      Expires: / /			YES	NO
SCHOOL K-8TH TUITION (AUGUST 2018-JUNE 2019 via F & M Bank)				
FINANCIAL AID (CEF, OTHER)				
PRE SCHOOL TUITION (AUGUST 2018-JUNE 2019 via F & M Bank)				
MONTHLY DAY CARE (AUGUST 2018-JUNE 2019 via F & M Bank)				
FUND RAISING BUYOUT (SEPTEMBER 2018-JUNE 2019 via F & M Bank)				
<input type="checkbox"/> 20 Service Hours will be completed by November 30, 2018 / 20 Service Hours will be completed by April 30, 2019 ( Total 40 hours per year)				
YEAR TOTAL				
TOTAL MONTHLY/BY-MONTHLY PAYMENT				*
<p align="center"><i>I understand that these totals are a projection of my 2018-2019 Financial Obligation. This total may be changed or altered due to Financial Aid awards, late payment penalties, administrative discounts or miscellaneous fees as presented by St. Bernard School. Any balances overdue 30 days or more could result in student suspension.</i></p>				
*I agree to monthly deductions from my checking account/credit card using above payment method.				
SIGN:			DATE: / /	

## SBS Financial Assistance Request

# Confidential

Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Child's Name \_\_\_\_\_ Entering Grade \_\_\_\_\_

Child's Name \_\_\_\_\_ Entering Grade \_\_\_\_\_

1. Have you applied for CEF (Catholic Education Foundation) for upcoming school year?

Yes \_\_\_\_ No \_\_\_\_

2. Have you previously received SBS Tuition Assistance? \_\_\_\_\_

• If yes, Which school year(s)? \_\_\_\_\_

3. Are you involved in a ministry at St. Bernard Church? Yes \_\_\_\_\_ No \_\_\_\_\_

• If yes, please describe:

4. Please briefly describe the reason of requesting financial assistance:

• Will this need be temporary?

5. How much would you be able to pay for your child's education? \_\_\_\_\_ per month

6. Would you be able to provide St. Bernard School with additional services and/or service hours? Please explain.

*Please return this form with a copy of your most recent 1040 or W2. Thank you*



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## DISMISSAL PERMISSION FORM 2018-2019

Student's Last Name

Student's First Name(s)

Grade

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The above named students: (Check any of the below that apply)

- \_\_\_\_\_ leave only with the legal guardians and/or adults listed below
- \_\_\_\_\_ walk home (students 5<sup>th</sup> grade and under are strongly discouraged from walking without someone older with them); **Walking students will be released after 3:15 P.M. and must leave campus immediately. Students may not loiter on neighboring streets. I understand such behavior will permanently rescind walking privileges.**
- \_\_\_\_\_ are to be sent to daycare (please circle days: M T W Th F - Everyday)

List any adults who may pick-up your child(ren).

**Full Name** (Please Print)

(May be asked to present I.D.)

**Phone**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Legal Guardian 1 (please print)

(Home)

Signature

(Work or Cell)

Legal Guardian 2 (please print)

(Home)

Signature

(Work or Cell)

**ANY CHANGES TO THIS FORM MUST BE IN WRITING**