



ST. BERNARD high school

9100 Falmouth Avenue • Playa Del Rey, CA 90293 • (310) 823-4651 • FAX (310) 827- 3365
www.stbernardhs.com

Freshman Application

Please complete the application in its entirety and return to St. Bernard's. Please follow all the instructions carefully. Incomplete applications can not be processed.

1. **Application Fee: \$70.00** - Non-refundable fee. Includes Entrance Exam Fee. Application and Fee DUE January 15 for the fall 2010 admission. *Late application fee (after January 15 is \$75.00).*
2. **Entrance Exam:** The High School Placement Test (HSPT) is required of all incoming freshmen applicants. Complete application is required prior to the exam date. HSPT exam is Saturday, January 30, 2010 at St. Bernard.
3. **Application Information Card:** Signatures are required where indicated. Current student photo must be attached.
4. **Academic Records:** Current grade report.
5. **Student Personal Statement:** Students choose one writing prompt and complete the essay.
6. **Request for Student Records and 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.
7. **Baptismal Certificate:** is required to receive the Catholic Tuition rate.
8. **Parent/Guardian Special Circumstances Statement (optional):** For parents to explain any special circumstances and or add any additional information to the admissions committee.

Completed applications are reviewed by the St. Bernard Admission's Committee. Eligible students will be scheduled for an interview.

APPLICATION FORM

ST. BERNARD high school

9100 FALMOUTH AVENUE
PLAYA DEL REY, CALIFORNIA 90293
(310) 823-4651 • fax (310) 827-3365

Attach a
Current Photo

Office Use: Accepted Yes
 No

Conditions of Acceptance:

Summer School _____
 Academic Probation _____
 Other _____

Student Legal Name:			Gender: <input type="checkbox"/> M <input type="checkbox"/> F		Grade Entering: 9 10 11 12		Date Applied:		
Address:			City:			Zip Code:		Home Phone:	
Parent Email Address:				Birth date:		Place of Birth:			
Current School:			Religion:		Parish:		Pastor:		
Student Lives With: (circle one)	Both Parents same household	Both Parents different households	Mother Only	Father Only	Guardian (relationship):		Languages other than English HEARD or SPOKEN at home:		
Who retains Legal Custody of applicant? (circle one)		Both Parents	Mother Only	Father Only	Legal Guardian:				
Applying for Financial Aid: Yes <input type="checkbox"/> No <input type="checkbox"/> (response has no bearing on admission decision.) Must contact Business Office no later than January 6, 2010.							Sibling Information		
Father/ Step-Father/ Male Guardian			Mother/ Step-Mother/Female Guardian				List Name and Age If this is a current SBHS student or graduate, list grad year		
Name:			Name:						
Address:			Address:						
City/State/Zip Code:			City/State/Zip Code:						
Home Phone			Home Phone:						
Employer / Business Phone:			Employer / Business Phone:						
Cell Phone:			Cell Phone:						
Religious Affiliation:			Religious Affiliation:						
Employer:			Employer:				Catholic Sacraments: Baptismal Certificate: Must provide copy with application.		
Position:			Position:						
Civic/Religious/Business Participation:			Civic/Religious/Business Participation:				First Communion: Yes <input type="checkbox"/> No <input type="checkbox"/>		
SBHS Graduate? <input type="checkbox"/> Yes: Year: _____ <input type="checkbox"/> No			SBHS Graduate? <input type="checkbox"/> Yes: Year: _____ <input type="checkbox"/> No				Enrolled In Confirmation Program: Yes <input type="checkbox"/> Parish: _____ No <input type="checkbox"/>		

Father Signature _____ Mother Signature _____ Student Signature _____



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High School Placement Test (HSPT) This exam is required for all incoming freshmen for the 2010-2011 school year

Last Name **First Name** **Home Phone**

School presently attending **Current Grade**

The above named student is taking the entrance exam at another school.

NOTE: It is the parent's responsibility to request that these scores be sent directly to SBHS.

Please indicate where the student is testing: _____

Parent Name (please print)

Parent email (please print)

Parent Signature

Date



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Applicant to complete the top half of form and submit to your school.

Request for Student Records and Recommendations

Student Name	Grade	Date of Birth
Current School	School Phone	School Fax
School Address	City	State, Zip

My son/daughter has applied for admissions 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.

Parent Signature	Date
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Records Requested

For SBHS Office Use:

Please return this form with the following records:

___ most recent report card ___ official transcript to date ___ health record ___ standardized test scores

Thank you for your cooperation.

Please mail records to:
St. Bernard High School
ATTN: Admissions
9100 Falmouth Avenue
Playa del Rey, CA 90293

or Please email: admissions@stbernardhs.com

St. Bernard High School mindful of its mission to be witness to the love of Christ for all, admits students of any race, color, religion and national and/or ethnic origin to all the rights, privileges, programs and activities generally accorded to or made available to students at this school. St. Bernard High School does not unlawfully discriminate on the basis of race, color and national and/or ethnic origin, religion, age, sex or disability in administration of educational policies, admission policies, scholarship and loan or grant programs and athletics and other school administered programs.



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English Teacher Recommendation Form

APPLICANT: Please complete this section of the recommendation form and submit to *current* English teacher.

Student Name: _____ **Grade:** _____ **School:** _____

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

 Parent Signature

 Date

This recommendation will be used by the Admissions Committee only and will not be open for general review.

This form should be mailed directly. If given to the parent, please place in a signed, sealed envelope.

Please check the appropriate responses. Additional comments are welcomed and can be made on the back of this form.

Classroom conduct

This student ...	Always	Usually	Sometimes	Rarely	Never
- shows great effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- listens and follows directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- demonstrates appropriate conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- completes assignments on time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Character

This student ...	Always	Usually	Sometimes	Rarely	Never
- demonstrates responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- shows respect to peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- shows respect to adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- demonstrates honesty in work habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Academic ability

This student's ability in the following area is ...	Above average	Average	Below Average	Non-existent
- basic principles of grammar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- parts of speech	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- paragraph writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- writing longer compositions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- reading comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- reading challenging works	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- presentation of assignments (neatness, clarity, effort)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Does this student need summer school for skills listed above? Yes No

Current English course:

Most recent academic grade: _____ **Conduct grade:** _____

Overall recommendation	Strongly recommend (Top 10%)	Recommend	With reservations (please explain)	Do not recommend (please comment)
Academically				
Work Habits				
Character				

Please recommend this student's placement into one of the following English courses for the upcoming academic year:

9th – 10th grade: _____ College preparatory English

_____ Honors English

11th – 12th grade: _____ College preparatory English

_____ A.P. English (taught as college level courses)

English teacher:

 Printed Name

 Signature

 Date

Do you give your permission to include this recommendation in the redirection of this student's file to another school? _____



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Math Teacher Recommendation Form

APPLICANT: Please complete this section of the recommendation form and submit to *current* math teacher.

Student Name: _____ **Grade:** _____ **School:** _____

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

 Parent Signature

 Date

This recommendation will be used by the Admissions Committee only and will not be open for general review.

This form should be mailed directly to St. Bernard. If given to the parent, please place in a signed, sealed envelope.

Classroom conduct

This student ...	Always	Usually	Sometimes	Rarely	Never
- shows great effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- listens and follows directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- demonstrates appropriate conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- completes assignments on time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Character

This student ...	Always	Usually	Sometimes	Rarely	Never
- demonstrates responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- shows respect to peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- shows respect to adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- demonstrates honesty in work habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Mathematic ability

This student's understanding of the following is	Above average	Average	Below Average	Non-existent	Not covered
- fractions, decimals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- adding/subtracting integers and expressions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- solving equations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- exponents, scientific notation, factors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- rational numbers and expressions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- ratios, proportions, percents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- inequalities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- graphing/plotting in the coordinate plane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- areas and volume formulas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- statistics and probability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Does this student need summer school for skills listed above? Yes No

Current math course: Math 8 ____ Pre-Algebra ____ Algebra I ____ Geometry ____ Other: _____

Most recent academic grade: _____ **Conduct grade:** _____

Overall Recommendation	Strongly recommend (Top 10%)	Recommend	With reservations (please explain)	Do not recommend (please comment)
Academically				
Work Habits				
Character				

Please recommend this student's placement into one of the following math courses for the upcoming academic year:

____ Algebra I ____ Geometry ____ Honors Geometry ____ Algebra II ____ Honors Algebra II/Trig.
 ____ Trig./Pre-Calculus ____ Honors Math Analysis/Calculus ____ A.P. Calculus

Math teacher:

 Printed Name

 Signature

 Date

Do you give your permission to include this recommendation in the redirection of this student's file to another school? _____



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Principal/Counselor Recommendation Form

APPLICANT: Please complete this section of the recommendation form and submit to *current* school administrator.

Student Name: _____ **Grade:** _____ **School:** _____

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

 Parent Signature

 Date

This recommendation will be used by the Admissions Committee only and will not be open for general review.

This recommendation will be used by the Admissions Committee only and will not be open for general review.
This form should be mailed directly. If given to the parent, please place in a signed, sealed envelope.

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 for current semester of this school year and include course titles.
 Attach 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 record 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:	Remedial	Needs ESL	College Prep.	Honors/A.P.
Math:	Remedial	College Prep.	Honors/A.P.	
Comments:	_____			

