



St. Bernard Regional Catholic School

Application for Admission



ADMISSIONS PROCESS

Applying to St. Bernard Regional Catholic School is a simple, straightforward process, and the following will help guide you through the steps.

CAMPUS VISIT

Arrange for a campus visit by calling the school office at 724-465-7139. A visit may be scheduled prior to submitting an application or at any time during the admissions process.

APPLICATION

1. Complete the application, the parent questionnaire, and the student questionnaire for students entering grades 5th-8th.
2. Send the completed application to the school office along with the questionnaire(s). Please send application and **non-refundable \$50 application fee** to:

**St. Bernard Regional Catholic School
300 Clairvaux Drive
Indiana, PA 15701**



Application for Admission

APPLICANT INFORMATION

Full Name _____ Nickname _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Date of Birth _____

Applying for Grade _____ Beginning September (year) _____ Age as of 9/1/2025 _____ Male Female

Public School District (where you live) _____ Religion _____

If Catholic, list parish name and address _____

Has the applicant ever attended another Catholic School? Yes No If yes, please list school and address _____

Race: American Indian/Native Alaskan Asian African American Native Hawaiian/Pacific Islander

Caucasian Multi-racial

Ethnicity: Hispanic Non-Hispanic

Does applicant have any special educational or medical needs? Yes No If yes, please explain _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian (1) Full Name _____ Relation to Applicant _____

Religion _____ If Catholic, parish where registered _____

Home Address (if different from above) _____

City _____ State _____ Zip _____ Home Phone _____

Cell Phone _____ Email _____

Employed by _____ Job Title _____

Work Address _____

Work Telephone _____

Parent/Guardian (2) Full Name _____ Relation to Applicant _____

Religion _____ If Catholic, parish where registered _____

Home Address (if different from above) _____

City _____ State _____ Zip _____ Home Phone _____

Cell Phone _____ Email _____

Employed by _____ Job Title _____

Work Address _____

Work Telephone _____

Student resides with: Both Parents Mother Only Father Only Guardian _____

Check All Those That Apply:

Parents Married Parents Separated Parents Divorced Father Remarried Father Deceased

Parents Not Married Single Parent Family Mother Remarried Mother Deceased

Are there any special custody circumstances? _____



APPLICATION FOR ADMISSION CONTINUED

CURRENT SCHOOL

Name _____ Phone _____

School Address _____

City _____ State _____ Zip _____

Date Entered _____ Current Grade _____

TUITION INFORMATION

Name of Individual Responsible for Tuition _____ Relation to Applicant _____

Address (if not a parent) _____

City _____ State _____ Zip _____ Phone _____

SACRAMENTAL INFORMATION

Baptism Date _____ Parish Name and Address _____

Reconciliation Date _____ Parish Name and Address _____

First Holy Communion Date _____ Parish Name and Address _____

Confirmation Date _____ Parish Name and Address _____

SIBLINGS

Name _____ Age _____ School _____

Name _____ Age _____ School _____

Name _____ Age _____ School _____

Name _____ Age _____ School _____

RELATIVES: PLEASE LIST ANY RELATIVES WHO HAVE ATTENDED OR ARE NOW ATTENDING ST. BERNARD REGIONAL CATHOLIC SCHOOL

Name _____ Relationship _____ Graduation Year _____

Name _____ Relationship _____ Graduation Year _____

Name _____ Relationship _____ Graduation Year _____

Statement of Nondiscriminatory Acceptance Policy: St. Bernard School will not discriminate on the basis of race, color, sex, disability, or national and/or ethnic origin. Students seeking acceptance and enrollment to the school will be considered based on religion, academic performance, learning needs, attendance, character, morality and conduct consistent with Catholic doctrine, and applicable payment history within a Catholic or private/nonpublic school. While the school does not discriminate against students with disabilities, a full range of services may not always be available to them. Decisions concerning the accommodation of a student are based upon the student's emotional, academic, and physical abilities and the resources available to the school in meeting the student's needs. The school maintains the right to give preferential acceptance and enrollment to Catholic students. The student is not permitted to attend this school if she or he has an outstanding payment balance at another Catholic School within the Diocese of Greensburg. Your signature below indicates that you understand and accept the content and provisions of this application.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

OFFICE USE ONLY

Date Received: _____ Non-refundable fee enclosed: _____ Date Paid: _____

Letter of Acceptance: _____ Information Packet Sent: _____ Records Requested: _____ Transportation Notified: _____



PARENT QUESTIONNAIRE ALL APPLICANTS

Parents or Guardians

The success of your child is important to us. Please complete the following questionnaire so that we may learn more about your child.

Name of person(s) completing this form

First _____ Last _____

Relationship to Applicant _____

What factors contributed to the decision to apply to St. Bernard Regional Catholic School?

What words or phrases come to mind when describing your child?



PARENT QUESTIONNAIRE CONTINUED

Please comment on what you consider to be your child's greatest strengths.

What do you hope your child will gain by attending St. Bernard Regional Catholic School?

Please indicate any special circumstances that may have affected the educational progress of your child.

Signature of Parent or Guardian _____ Date _____



STUDENT QUESTIONNAIRE APPLICANTS ENTERING GRADES 5-8

STUDENT INSTRUCTIONS (students entering grades 5-8 only)

Please take a moment to complete this questionnaire so we may learn more about you.

Your Name

First _____ Middle _____ Last _____

Applying for Grade _____

What is your favorite subject or activity in school? Explain.

Tell us about some of your extracurricular activities.

Describe an accomplishment of which you are particularly proud.

Is there anything else you would like the Admissions Committee to know about you?



Preschool Session Choice
2025-2026

Parent(s) Name: _____

Child(ren): _____ DOB _____

_____ DOB _____

Please check your session choice for 2025-2026 school year

(Session times are established prior to the start of the school year by the number of students enrolled into each age group.)

_____ Preschool (age 3) (Tue, Thurs)

_____ Preschool (age 3) (M,W,F)

_____ Preschool (age 3) (M thru F)

_____ Preschool (age 4) (Tue, Thurs)

_____ Preschool (age 4) (M,W,F)

_____ Preschool (age 4) (M thru F)

St. Bernard Regional School
A Pennsylvania Charitable Trust
Mrs. Tina Bucci, Principal
300 Clairvaux Drive, Indiana, PA 15701
(724) 465-7139
tbucci@stbernardlc.org



**SWORN STATEMENT PERTAINING TO
THE PRIOR CONDUCT OF A PUPIL SEEKING ADMISSION**

Section 1304-A. of the Public School Code of 1949, as amended, and referenced in Section 4245 of the Diocese of Greensburg School Policies requires that prior to the admission of any student, the parent, guardian, or other person having control or charge of the student shall provide the following sworn statement or affirmation.

Name of Student _____

Has the student ever been suspended or expelled from any public or private school in Pennsylvania or in any other state? Yes ___ No ___

Did the suspension or expulsion involve weapons? Yes ___ No ___

Did the suspension or expulsion involve alcohol? Yes ___ No ___

Did the suspension or expulsion involve drugs? Yes ___ No ___

Did the suspension involve infliction of physical or emotional injury to another person? Yes ___ No ___
This includes hurting others through technology (cyberbullying, texting, etc.).

Did the suspension or expulsion include any act of violence committed on school property, committed during a school event or an act of destruction to school property? Yes ___ No ___

Have you been arrested and/or have you been or are you on juvenile probation? Yes ___ No ___

If the answer to any above question is "YES," explain the incident and circumstances in detail including the school, date of suspension or expulsion, and a final decision regarding the incident.

I swear and affirm that the above information is true and correct. I understand that misrepresentation of the above data is a criminal act and punishable under the Pennsylvania Crimes Code.

Signature of Student

Signature of Parent, Guardian, or other Person
having Control or Charge of Student

Date

Date



INITIAL GUIDANCE QUESTIONNAIRE
Please Print the Information

Student Name: _____ Grade Entering: _____

Last School Attended: _____

Last Date Attended: _____

Parents/Legal Guardians: _____

Dear Parent/Guardian:

Because the goal of St. Bernard Regional Catholic School is to offer our students the very best education by presenting them with every opportunity to learn, we must ask for our parents'/guardians' complete cooperation throughout the school year. Individual learning can be a complicated item for students. Providing the school with information regarding prior evaluations, assessments, and/or diagnoses can enhance the learning process.

In the best educational interest of your child, please complete this questionnaire, sign it, and return it with your application materials to the school office. This information will aid us in attempting to assess and meet your child's learning needs and will be held in strict confidence as regulated by the Diocese of Greensburg Student Records Policy.

Mrs. Tina Bucci, Principal

1. Was your child ever evaluated, assessed, tested, or diagnosed with any mental, physical, or emotional condition that could interfere with his/her ability to learn?

_____ YES _____ NO

2. If yes, prior evaluation was completed for one of the following reasons:

___ Learning ___ Intelligence ___ Behavior ___ Gifted Program
___ Other (Please explain)

3. Prior evaluation was completed for one or more of the physical reasons listed below:
 Vision Orthopedic Hearing Speech Development
 Other(Please explain)

4. Prior evaluation was conducted by one or more of the following:

Intermediate Unit Mental Health Private Practitioner
 School district (includes early intervention)
 Other (Please explain)

5. Is your child currently identified as requiring special education services?

YES
 NO

6. If prior evaluation was conducted, would you be willing to provide us with a copy of any report that we feel is necessary for your child's education?

YES If yes, please present a copy to the school.
 NO If no, would you be willing to discuss the results with the guidance counselor or principal?

Please explain: _____

7. My child receives/received the following services. (Please list e.g. speech, remedial reading, gifted, IEP, etc.)

Print Name of Parent/Legal Guardian _____

Parent/Legal Guardian Signature _____ Date _____



PARENTAL PERMISSION TO REQUEST AND/OR RELEASE SCHOOL RECORDS

Name of Student(s) _____

Student Date of Birth: _____

Current School Attending: _____

I hereby authorize St. Bernard Regional Catholic School to request and/or release records relative to my child(ren)'s previous educational experiences. The specific records which I am requesting should be released and/or forwarded to the address below:

Email: tbucci@stbernardlc.org

Fax: 724-465-0803

Mail: St. Bernard Catholic School

300 Clairvaux Drive

Indiana, PA 15701

Parent/Guardian please sign and date below:

(Signature of Parent/Guardian)

(Date)

RECORDS REQUESTED:

_____ Attendance Data

_____ Report Cards (Past and Current)

_____ Group Aptitude and Achievement Testing

_____ Health, Medical and Dental Records

_____ Personal History

_____ Psychological Reports

_____ Psychiatric Evaluations

_____ Special Education Due Process Papers and IEP

_____ Speech and Language Evaluations

_____ Instructional Support Plans and Summaries

_____ Others: (Specific reports, e.g., Occupational and Physical Therapists, Neurological Evaluations, etc. known by parents to be available) Please list
