



# 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.

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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)

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

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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)

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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.)

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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](mailto: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

\_\_\_\_\_