



**ST. BERNARD CATHOLIC SCHOOL**

*Making Christ present in all we say and do*

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# New Student Packet

# 2022-2023 Tuition Rates

	<b>Pre-K</b>	<b>One Child</b>	<b>Two Children</b>	<b>Three Children</b>	<b>Four+ Children</b>
<b>In-Parish</b>	\$1,350	\$2,690	\$4,675	\$5,940	\$6,795
<b>Non-Parish</b>	\$1,650	\$3,300	\$5,720	\$7,290	\$8,530

Tuition may be collected by SMART Tuition with several payment options available. You must enroll to be eligible for a payment plan. Go to **enrollwithsmart.com** to set up automatic payments. If you are a returning family, completing your online registration will automatically re-enroll you in SMART Tuition.

**Classroom fees are separate from tuition and will be collected at Back-to-School Night**

## Registration Fee

The registration fee for Pre-Kindergarten is \$50 per student and K-8 is \$250 per student. However, if not paid before **April 1st**, the registration fee for families goes up to \$350 per student. This fee is payable at the time of registration and holds a spot for your child(ren).

**The registration fee is non-refundable. If you are unable to pay the \$250 registration fee, please work with the business office to make arrangements to pay this fee. Call Rose Flores at 402-551-0269.**

## Discretion Statement

It has been determined the actual cost to educate a child at St. Bernard is over \$5,000 per year. The difference between this amount and the cost of tuition is supplemented by parish subsidy, Children's Scholarship, and other tuition assistance.

- If tuition is paid in its entirety on or before August 31, 2022, families will receive a 3% tuition discount.
- St. Bernard School retains the right to refuse admission to any student if the administration believes placement in St. Bernard will not meet the child's educational needs. Students who are admitted have a reasonable, well-founded hope of successfully completing the school's academic program and adhering to the school's discipline policies. In doubtful cases, students may be admitted on an interim basis.
- St. Bernard Catholic School may, in its sole discretion, refuse admission to any student or applicant.

**Upon enrolling you will be asked to agree to the school's tuition/fees policy, as well as the discretion statement.**

## Financial Aid

If you require financial aid/tuition assistance, please contact the parish business manager, Rose Flores, at 402-551-0269

# How to Enroll

## Step 1:

- Go to a web browser and type in the URL bar: bit.ly/STBenroll
- OR go to stbernardomaschool.org > Future Families > New Student Enrollment

**Step 2:** Select "Register" to register an account with Sycamore School

St. Bernard Catholic Community

**I already have an account**  
You already have an account if you have students enrolled at this school.

**I need a new account.**  
You need a new account if you do not have students enrolled and have never applied for admissions.

[LOGIN](#) [REGISTER](#)

**Step 3:** Complete the required fields and click "Submit"

**Register for an account**

Complete the following information to begin the account registration process.

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Email \_\_\_\_\_

[SUBMIT](#)

[RETURN TO LOGIN](#)

**Step 4:** Open a new tab, and go to your email, select the email from Sycamore School, select "Complete Registration"

**Sycamore school**

**Hi Emily Finley,**

You've taken the first step in creating an account for Admissions at St. Bernard Catholic Community. Complete your registration to begin applying for admission.

[Complete Registration\\*](#)

\*The link will expire in 48 hours.

**Step 5:** Fill in your family information, create a password, and agree to the terms of service.

**Create an account for your family**

Family Contact 1

First Name  
Emily

Last Name  
Finley

Address \_\_\_\_\_

City \_\_\_\_\_

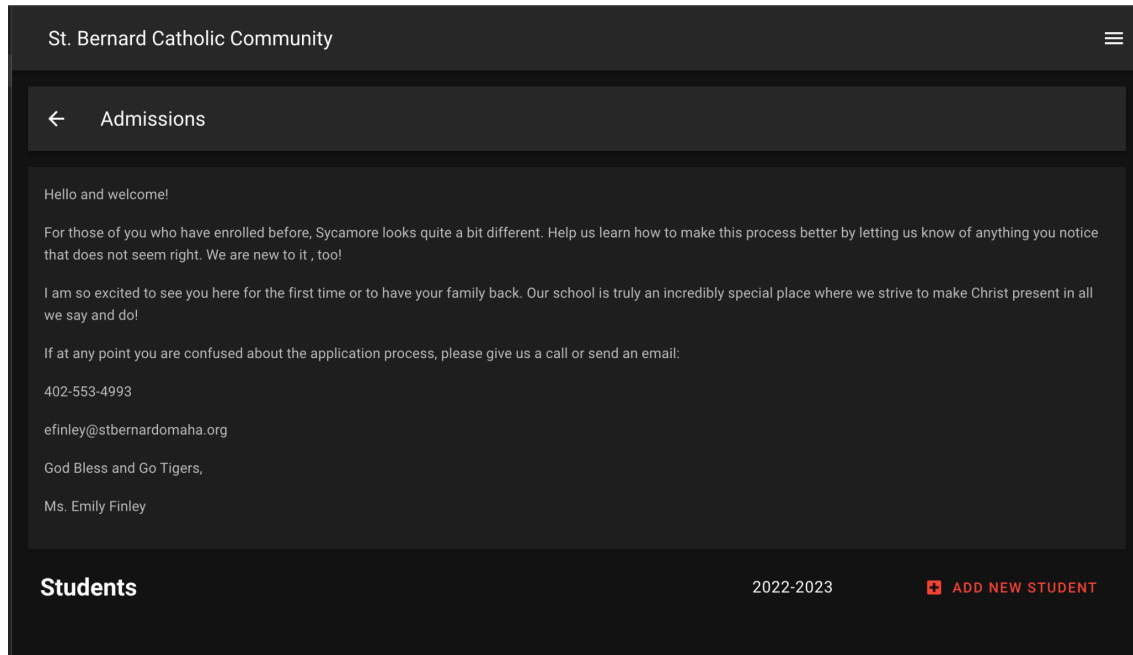
State  ZIP \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email  
info@stbernardomaha.org

Relationship

**Step 6:** Select "Add New Student" and then follow the on-screen prompts to enroll your student.



If at any time you need help with this process, feel free to call us! 402-553-4993

## New Student Checklist

### Forms to Submit to School or Upload to Sycamore

- O.P.S Form
- Immunization Records
- Copy of Baptism Certificate (if Catholic)
- Copy of Birth Certificate
- Record Release Form (if transfer student)
- Physical for Kindergarten and 7th grade

### Financial Aid

- Children's Scholarship Fund (K-8) apply online by visiting [www.csf.org](http://www.csf.org)
- F.A.I.R. Financial Aid Independent Review, available to all grades. Apply online by visiting [www.fairapp.com](http://www.fairapp.com)
- Call our business manager, Rose Flores, for more information on financial aid. 402-551-0269

### Tuition Payment Plan

- Enroll in SMART Tuition for monthly automatic deductions. [www.enrollwithsmart.com](http://www.enrollwithsmart.com) **OR**
- Pay tuition in full by August 31st.

# Welcome ST. BERNARD CATHOLIC SCHOOL!



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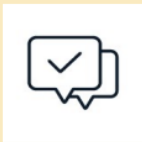
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ST. BERNARD CATHOLIC SCHOOL

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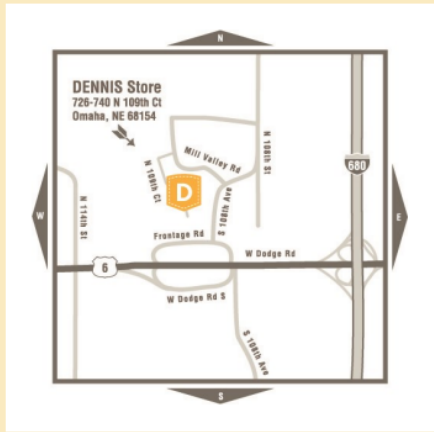
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**VISIT YOUR DENNIS STORE FOR ST. BERNARD CATHOLIC SCHOOL UNIFORMS:**

726-740 N. 109th Court  
Omaha, NE 68154  
(402) 496-9911

Check Our Website for Store Hours

**QUESTIONS?**

Live Chat: [dennisuniform.com](http://dennisuniform.com)  
Email: [customerservice@dennisuniform.com](mailto:customerservice@dennisuniform.com)  
Call: (800) 854-6951

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## Summary of the School Immunization Rules and Regulations

Student Age Group	Required Vaccines
Ages 2 through 5 years enrolled in a school based program not licensed as a child care provider	<p>4 doses of DTaP, DTP, or DT vaccine</p> <p>3 doses of Polio vaccine</p> <p>3 doses of Hib vaccine or 1 dose of Hib given at or after 15 months of age</p> <p>3 doses of pediatric Hepatitis B vaccine</p> <p>1 dose of MMR or MMRV given on or after 12 months of age</p> <p>1 dose of varicella (chickenpox) or MMRV given on or after 12 months of age. Written documentation (including year) of varicella disease from parent, guardian, or health care provider will be accepted.</p> <p>4 doses of pneumococcal or 1 dose of pneumococcal given on or after 15 months of age</p>
Students entering school (Kindergarten or 1 <sup>st</sup> Grade depending on the school district's entering grade)	<p>3 doses of DTaP, DTP, DT, or Td vaccine, one given on or after the 4<sup>th</sup> birthday</p> <p>3 doses of Polio vaccine</p> <p>3 doses of pediatric Hepatitis B vaccine or 2 doses of adolescent vaccine if student is 11-15 years of age</p> <p>2 doses of MMR or MMRV vaccine, given on or after 12 months of age and separated by at least one month</p> <p>2 doses of varicella (chickenpox) or MMRV given on or after 12 months of age. Written documentation (including year) of varicella disease from parent, guardian, or health care provider will be accepted. If the child has had varicella disease, they do not need any varicella shots.</p>
Students entering 7 <sup>th</sup> grade	<p>Must be current with the above vaccinations</p> <p>AND receive</p> <p>1 dose of Tdap (contain Pertussis booster)</p>
Students transferring from outside the state at any grade	<p>Must be immunized appropriately according to the grade entered.</p>

Source: Nebraska Immunization Program, Nebraska Department of Health and Human Services. . For additional information, call 402-471-6423.

The School Rules & Regulations are available on the internet: [http://dhis.ne.gov/Pages/reg\\_t173.aspx](http://dhis.ne.gov/Pages/reg_t173.aspx) (Title 173: Control of Communicable Diseases - Chapter 3; revised and implemented 2011)

Updated 01/26/2018

**Upload immunization records to Sycamore, drop them off in the front office, or have your doctor's office fax them to 402-551-4939**



**OMAHA PUBLIC SCHOOLS**  
**Non-Public Student Enrollment Form**  
**Complete ONE per student - Please Print**

**Student Information**

Student Last Name <i>(legal)</i> :	Student Name Suffix (Jr, III, etc):	Ethnicity <i>(choose one)</i> <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino
Student First Name <i>(legal)</i> :	Gender: M    F	Race <i>(Choose one or more, regardless of Ethnicity)</i> <input type="checkbox"/> Native American or Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> White
Student Middle Name <i>(full)</i> :	Birth Date <i>(month/day/year)</i> :	

Student Number:                      Current School:                      Grade:

Name of Last School                      City/State                      Year Attended

**Primary Household - The primary residence of the student**

Residential Address:                      Apt. #

City:                      State:                      ZIP:                      Home Phone: (    )

Mailing Address *(if different)*:

City:                      State:                      ZIP:

**Parent/Guardian Information - (Parent(s)/Guardian(s) living in primary household with students)**

Parent Last Name (legal):	Parent Last Name (legal):
Parent First Name (legal):	Parent First Name (legal):
Parent Middle Name (legal):	Parent Middle Name (legal):
Gender:                      Birth Date:	Gender:                      Birth Date:
Work Phone: (    )	Work Phone: (    )
Cell Phone: (    )	Cell Phone: (    )
E-Mail Address:	E-Mail Address:
Relationship to Student: _____ Legal Guardian:    Yes    No	Relationship to Student: _____ Legal Guardian:    Yes    No

**Please list ALL CHILDREN living at the above address**

Student Number	Full Legal Name (Last, First, Middle)	Gender (Circle)	Birth Date (mm/dd/yy)	Relationship to Student (Sibling, Cousin, Foster Child etc.)	School Attending (where applicable)	Grade
		M / F				
		M / F				
		M / F				
		M / F				
		M / F				
		M / F				

**FOR OFFICE USE ONLY**

School:                      Bldg Number:                      Grade:                      Enter Code:                      Enter Date: \_\_\_/\_\_\_/\_\_\_

Student's Legal Name and Birth Date Verified by \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_







Request for Student Records

Date of Request: \_\_\_\_\_

Originating School

Name of Previous School: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Student's Information

Legal Name:	Last	_____
	First	_____
	Middle	_____

Signature of Parent/Guardian (if available) \_\_\_\_\_

The following records are hereby requested:

- |                                                                           |                                                    |
|---------------------------------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Transcripts or report cards                      | <input type="checkbox"/> Discipline records        |
| <input type="checkbox"/> Test data / standardized test scores             | <input type="checkbox"/> Immunization records      |
| <input type="checkbox"/> List of courses and grades at time of withdrawal | <input type="checkbox"/> Health / medical records  |
| <input type="checkbox"/> Attendance records                               | <input type="checkbox"/> Psychological records     |
| <input type="checkbox"/> IEP (Individual Education Plan) if applicable    | <input type="checkbox"/> Copy of birth certificate |
|                                                                           | <input type="checkbox"/>                           |

Signature of Requesting School Representative:

Signature

Title

Date

PLEASE MAIL OR EMAIL TO:

St. Bernard School  
3604 N. 65<sup>th</sup> Street  
Omaha NE 68104

[KSORENSEN@STBERNARDOMAHA.ORG](mailto:KSORENSEN@STBERNARDOMAHA.ORG)

Phone: 402.553.4993 Fax: 402.551.4939

**St. Bernard Catholic School**

3604 N. 65th Street Omaha, NE 68104 "Omnia Per Mariam"  
(402) 553-4993 [www.stbernardomaha.org](http://www.stbernardomaha.org)

