



**ST. BERNARD CATHOLIC SCHOOL**

*Making Christ present in all we say and do*

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# New Student Packet

## 2023-2024 Tuition Rates

	Pre-K	One Child	Two Children	Three Children	Four+ Children
Active In-Parish	\$1,410	\$2,815	\$5,070	\$6,755	\$7,900
Non-Parish	\$1,725	\$3,450	\$6,210	\$8,280	\$9,660

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. SMART requires a \$50 administration fee which will be added to your first tuition payment. If you are a returning family, completing your online registration will automatically re-enroll you in SMART Tuition.

Students re-enrolling will not be considered registered until the current tuition balance is paid in full.

### Registration Fee

The registration fee for Pre-Kindergarten is \$50 per student and K-8 is \$250 per student. To secure your enrollment for 2023-2024, \$100 of this fee is due by April 1st. The remaining \$150 should be paid by May 1st or will be added to your tuition. This fee is payable upon 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.**

### Classroom Fees

Classroom fees are due at Back to School Night on **August 14th**.

Grades PK-K: \$145

Grades 1-7: \$175

Grade 8: \$185

Classroom fees pay for supplementary curriculum, supplies, and technology

### Financial Aid

#### Children's Scholarship Fund (CSF)

Applications are now open and close on Friday, May 5, 2023. Applications must be completed online. <https://csfomaha.org>.

#### St. Bernard Tuition Assistance Fund

If you do not qualify for CSF but require tuition assistance, please contact the parish business manager, Rose Flores, at 402-551-0269

### Discretion Statement

It has been determined the actual cost to educate a child at St. Bernard is over \$6,000 per year. The difference between this amount and the cost of tuition is supplemented by parish subsidies, 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.
- For families re-enrolling, registration will not be accepted until your current tuition balance is paid.
- 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.**

# How to Enroll

## Step 1:

- Go to a web browser and type in the URL bar: [bit.ly/STBEnroll2023](https://bit.ly/STBEnroll2023)
- OR go to [stbernardomaschool.org](https://stbernardomaschool.org) > Future Families > New Student Enrollment

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

**Enter the School ID: 1700**

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 \_\_\_\_\_

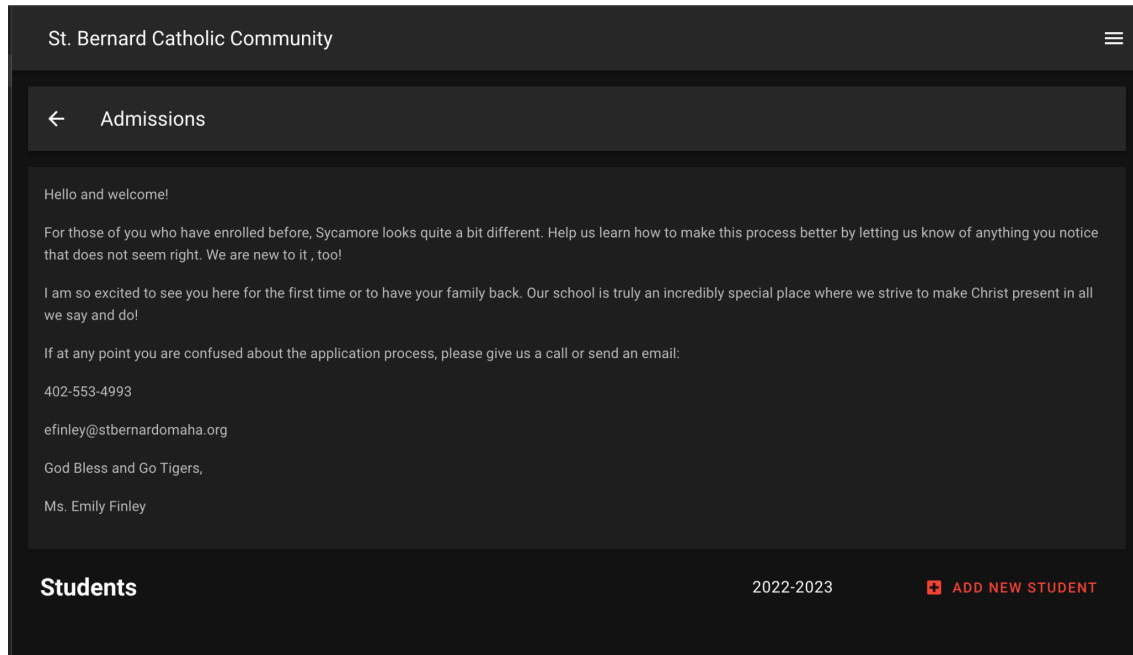
State  ZIP \_\_\_\_\_

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

Email  
[info@stbernardomaha.org](mailto: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
- Annual Student Health Update

### Financial Aid

- Children's Scholarship Fund (K-8) apply online by visiting [www.csf.org](http://www.csf.org)
- 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.

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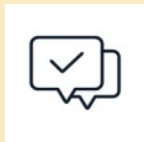
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ST. BERNARD CATHOLIC SCHOOL

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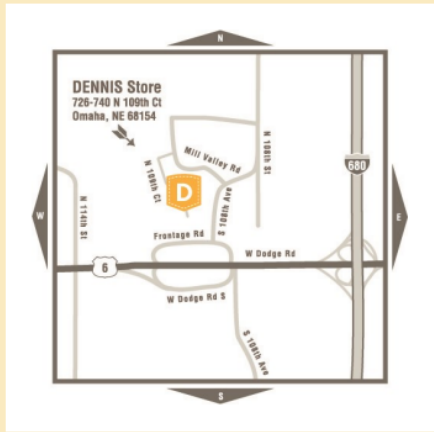
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**VISIT YOUR DENNIS STORE FOR ST. BERNARD CATHOLIC SCHOOL UNIFORMS:**

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Omaha, NE 68154  
(402) 496-9911

Check Our Website for Store Hours

**QUESTIONS?**

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

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## Requirements for School Entrance

Dear Parent or Guardian:

Per **Nebraska state law**, certain health requirements must be met before a student enters school. Please review the required information outlined below and provide copies of applicable information to the school **before** their first day of school.

**Kindergarten student:**

- Physical exam
- Vision evaluation
- Immunization record

**7<sup>th</sup> grade student:**

- Physical exam
- Immunization record

\*\* If also out of state transfer must have **vision evaluation**, see below.

**Student any grade transferring from out of state or previously homeschooled:**

- Physical exam
- Vision evaluation
- Immunization record

**New student (not Kindergarten or 7<sup>th</sup> grade) transferring from in state:**

- Immunization record

**Physical exam** - must be done by physician, physician assistant, or nurse practitioner within six months prior to school entrance.

**Vision evaluation** - testing for amblyopia, strabismus, internal and external eye health and visual acuity by physician, physician assistant, or nurse practitioner within six months prior to school entrance.

**Immunization record** with dates of required immunizations. (See listing on back of letter.)

*Exception* to the physical examination or visual evaluation requirement may be made if the parent/guardian submits a written statement refusing a physical examination or visual evaluation.

*Exception* to the immunization requirement is made only if a medical reason is documented by a physician, physician assistant, or nurse practitioner; or for valid religious reasons documented on a notarized State of Nebraska form.

Sincerely,

Principal

VNA School Nurse



Visiting Nurse Health Services
School Health Program
Annual Student Health Update
2023-2024

Name School Grade

1. Your help is needed to update your child's health status and assist school personnel to identify potential classroom emergencies and health issues, which may affect your child's learning. Please complete this form and return to school by

Check any health concerns below, which pertain to your child:

- Asthma, Seasonal allergies, ADHD, Hearing, Diabetes, Heart problems, Recent surgery, Vision, Seizures, Mental/emotional, Scoliosis, Other, specify below, Severe Food Allergy, specify to what below, Other Severe Allergy, specify to what below, Concussion, specify year

If you checked any of the above, please specify symptoms, treatment, restrictions and any needed adjustments.

Describe here (use back if additional space needed):

2. Does your child require any emergency rescue Medications (inhaler, Epi Pen)? Yes or No

If yes, I Will or I Will Not be providing rescue medication for my child at school. The medication provided will be kept in school office or self carried by student.

I understand that by NOT providing rescue medication, 911 will be called if an emergency arises.

3. Medications (include inhalers) your child is currently taking (include name, dose, time, and reason):

MEDICATION AUTHORIZATION MUST BE COMPLETED FOR MEDICATIONS TO BE GIVEN AT SCHOOL

4. Date of last exam by eye care provider and results

5. Date of last exam by dentist and results

6. List physician/phone numbers, include specialists:

My child has no health needs requiring special consideration at school.

IT IS THE PARENT'S RESPONSIBILITY TO NOTIFY THE SCHOOL NURSE IF CHANGES OCCUR

I understand the above information may be shared with school personnel responsible for the well being of my child.

Parent/Guardian Signature Date

Phone Number (Home) (Work) (Cellular)

Preferred Email address







**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 <i>(if different)</i> :	
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)

