

Office Use Only: Application Fee

Date Rcvd. _____
Payment (cash) _____ (check) _____
Grade _____ School Year _____



Office Use Only: March Registration Fee

Date Rcvd. _____
Payment (cash) _____ (check) _____

SAINT BONAVENTURE HIGH SCHOOL

3167 Telegraph Road, Ventura, CA 93003

Phone (805) 648-6836 Fax (805) 648-4903

E-mail office@saintbonaventure.com website www.saintbonaventure.com

APPLICATION FORM

Full Legal Name of Student: _____

Date of Birth _____ *Last* Place of Birth: City _____ *First* State _____ *Middle* Sex: _____

Religion (Please Specify) _____ Name of Church Attending _____

Native American Filipino _____ Asian/Pacific Islander _____ Hispanic/Latino _____ African American/Black _____ Multi-racial _____ Other/White _____

Name of Person(s) With Whom Student Resides _____

Relationship to Student (circle) Father Mother Step-father Step-mother Guardian (If other, please specify) _____
Last *First*

Address: _____ Phone(_____) _____
Number and Street *City* *Zip Code*

Parent/Guardian Information

Name of Father _____ Email _____ Living Yes / No Religion _____

Occupation: _____ Name of Employer / Business _____ Bus. Phone(_____) _____

Name of Mother _____ Email _____ Living Yes / No Religion _____

Occupation: _____ Name of Employer / Business _____ Bus. Phone(_____) _____

Name of Person Responsible for Tuition: _____

Address: _____ Phone(_____) _____

Additional Information

Name of Current School _____ City _____

Did father graduate from SBHS? No / Yes Yr. _____ Did mother graduate from SBHS? No / Yes Yr. _____ Maiden Name _____

Please state name(s) and year(s) of graduation for any sisters or brothers of the applicant who graduated from SBHS:

Please state the names of any sisters or brothers of student now attending SBHS:

Please complete both sides of this form, then submit with the \$50.00 application fee.

RELIGIOUS INFORMATION

As a family, do you attend church regularly? YES ___ NO ___.

Please list your areas of involvement in your church. Please be specific: _____

STATEMENT OF PURPOSE

What is your reason for wanting your son or daughter to attend St. Bonaventure School?

FINANCIAL INFORMATION

Do you feel your family is able to meet the cost of tuition? YES ___ NO ___

If you wish to be considered for financial assistance, it is necessary for you to contact the school office after December 1st to obtain the necessary form.

Recommendations will be mailed from SBHS to schools after applicants take the placement exam.