

## St. Benedict School Application Form

Test Appointment: \_\_\_\_\_

Interview Appointment: \_\_\_\_\_

**PLEASE PRINT**

Grade Entering \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_ (for census purposes only)

Student's Last Name	First Name	Middle Name	Birth Date	Birthplace (City, State)
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Address	City	Zip Code	Telephone
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Father's Last Name	First Name	Middle Name	Birthplace (City, State)	Religion	Occupation
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Mother's Last Name	First Name	Maiden Name	Birthplace (City, State)	Religion	Occupation
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Step-Parent or Legal Guardian Last Name	First Name	Relationship to Child	Birthplace (City, State)	Religion	Occupation
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Baptismal Date	Church	City/State
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First Communion Date	Church	City/State
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**HOME CONDITIONS**

Primary language spoken in the home \_\_\_\_\_ Parent(s) is/are: Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Single \_\_\_\_\_ Parent deceased \_\_\_\_\_

Child is living with: Mother & Father \_\_\_\_\_ Mother only \_\_\_\_\_ Father only \_\_\_\_\_ Mother & Stepfather \_\_\_\_\_ Father & Stepmother \_\_\_\_\_ Guardian(s) \_\_\_\_\_

Mother's/Guardian's Work Phone # \_\_\_\_\_ Hours to call work \_\_\_\_\_

Father's/Guardian's Work Phone # \_\_\_\_\_ Hours to call work \_\_\_\_\_

Do you have children already attending this school? \_\_\_\_\_ Name and Grade \_\_\_\_\_

Are you registering more than one child? \_\_\_\_\_ If yes, Name and Grade \_\_\_\_\_

St. Benedict Parishioner? \_\_\_\_\_ Envelope Number: \_\_\_\_\_

If not St. Benedict, what parish? \_\_\_\_\_ **Letter of Recommendation from Pastor (other parish) REQUIRED.**

Name/Address of School, this applicant is transferring from: \_\_\_\_\_

**FOR OFFICE USE ONLY:**

Verified: Birth Cert \_\_\_\_\_ SS# \_\_\_\_\_ Baptism \_\_\_\_\_ 1st Communion \_\_\_\_\_ Immunization \_\_\_\_\_ Recommendation \_\_\_\_\_ Application Fee \_\_\_\_\_