

ST. BENEDICT SCHOOL CONTACT FORM

Parent's First _____ Last _____ Middle _____

Address _____

City _____ State _____ Zip Code _____ - _____

Home Phone () _____ Email Address _____ @ _____

Cell Phone () _____

____ Parish membership at _____

____ Parish membership Not Applicable

Name(s) of child(ren) interested in attending St. Benedict School.

1. First _____ Last _____ Middle _____

Date of Birth _____

Year in School – Pre – K K 1 2 3 4 5 6 7 8 9 10 11 12

2. First _____ Last _____ Middle _____

Date of Birth _____

Year in School – Pre – K K 1 2 3 4 5 6 7 8 9 10 11 12

3. First _____ Last _____ Middle _____

Date of Birth _____

Year in School – Pre – K K 1 2 3 4 5 6 7 8 9 10 11 12

Is your address the same as the children interested in attending St. Benedict?

If not, please provide the children's address if possible.

First _____ Last _____ Middle _____

Address _____

City _____ State _____ Zip Code _____ - _____

Home Phone () _____ Email Address _____ @ _____

Relationship of contact person to prospective children.

____ Parent ____ Relative (Relationship: _____) ____ Guardian

____ Other: _____

How did you hear about St. Benedict School?

____ Current student/family ____ Alumni ____ Mailing

____ Church Bulletin ____ Flyer ____ Radio

____ Visit from St. Benedict Rep ____ Newspaper (which one : _____)

____ Referral from friend or family (name : _____)

____ Internet Web Site ____ Other _____

What are you most interested in knowing about St. Benedict School?

____ Academic Program ____ Religious Education/Spiritual Opportunities

____ Discipline ____ Financial Assistance

____ Results of Standardized Tests ____ Facilities

____ Transportation ____ Extra Curricular Opportunities

____ Other: _____

OFFICE USE ONLY:

Initials: _____ Date: _____

____ Telephone ____ Walk-In ____ Open House ____ Referral ____ Web site