

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)

Address City Zip Code Telephone

Father's Last Name First Name Middle Name Birthplace (City, State) Religion Occupation

Mother's Last Name First Name Maiden Name Birthplace (City, State) Religion Occupation

Step-Parent or Legal Guardian Last Name First Name Relationship to Child Birthplace (City, State) Religion Occupation

Baptismal Date Church City/State

First Communion Date Church City/State

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 _____