



2024-2025 Enrollment Application PK-8

(one per student)

☐ Re-registration

☐ New Registration

Student Information

Today's Date _____

Name _____ (Last) (First) (Middle) DOB _____

Sex: ☐ Male ☐ Female Public School District _____

Religion _____ Current Place of Worship _____

Ethnicity - Required for State Reporting

☐ American Indian ☐ Asian ☐ Hispanic/Latino ☐ Alaska Native ☐ Native Hawaiian
☐ White ☐ Black/African American ☐ Pacific Islander ☐ Other _____

Parent/ Guardian Information (please print clearly)

Whom does child reside with: ☐ Mother & Father ☐ Mother ☐ Father ☐ Guardian

☐ Primary Contact - please select one

Parent 1 _____ (First Name) (Last Name) Marital status: _____

Street Address: _____

City/State/Zip: _____ Religion: _____

Email: _____ Cell Phone: _____

Employer Name: _____ Occupation _____

☐ Primary Contact - please select one

Parent 2 _____ (First Name) (Last Name) Marital status: _____

Street Address: _____

City/State/Zip: _____ Religion: _____

Email: _____ Cell Phone: _____

Employer Name: _____ Occupation _____

Preschool Selection

PK3 ☐ M- F Full Days ☐ MWF Full Days ☐ MWF Half Days (limited spaces available)
☐ TTH Full Days ☐ TTH Half Days (limited spaces available)

PK4 ☐ M - F Full Days

Grade School Selection

<input type="checkbox"/> Kindergarten	<input type="checkbox"/> First Grade	<input type="checkbox"/> Second Grade
<input type="checkbox"/> Third Grade	<input type="checkbox"/> Fourth Grade	<input type="checkbox"/> Fifth Grade
<input type="checkbox"/> Sixth Grade	<input type="checkbox"/> Seventh Grade	<input type="checkbox"/> Eighth Grade

PLEASE CONTINUE TO THE OTHER SIDE

Registration Fee and Required Forms

- The non-refundable registration fee is **\$150.00 per family** Check payable to St. Benedict School, online payment of \$155.00, or paid through FACTS account for re-enrolling families.
- **Tuition Agreement Form and Emergency Form are required with the registration form.**
- **Copies of birth certificates, physical and immunization records are required with a new registration.**
- **All children K-8 must be registered with their public school district, in the district they reside. A \$75 per student fee** will be added to your FACTS account if not registered by **9/1**
- Once registration is complete you will receive an email from our tuition manager to register for FACTS.

Student Transfer Information (complete only if you have been in K-8th at another school)

Previous School Name: _____ Grade Completed _____

City & State _____ Reason for Transfer _____

All registrants please answer the following:

My child receives Special Education Services and has an IEP or 504 ☐ YES ☐ NO

My child receives Academic Intervention Services ☐ YES ☐ NO

My child receives the following services ☐ OT ☐ PT ☐ Speech

Please provide details at the end of this form and include a copy of the IEP or 504

Photo Release Information

Throughout the school year, there will be numerous occasions when we will contact local media outlets (newspapers, television, etc.) requesting coverage for a school event. We also use some of the pictures that we take during the year on our website, social media outlets, or for informational purposes in accordance with our safeguards and policies in our Handbook.

☐ YES, I give my permission to use my child's picture and name.

☐ NO, I do not give permission to use my child's picture and name.

Print Parent/Guardian Name _____

Parent/Guradian Signature _____

Alumni Information: Please indicate if a parent is an alumnus of St. Benedict. Please include maiden name.

Name: _____ Class of _____

Office Use Only Date Recieved: _____ Received By: _____ Check: _____ Online: _____

☐ Birth Certificate ☐ Tuition Agreement Form ☐ Emergency Form ☐ Physical ☐ Immunization Record
☐ Transfer Paperwork if applicable ☐ Bus Form if applicable