Saint Benedict School

3980 Main St.
Amherst, NY 14226
716-835-2518

For official use only
Registration Fee $125 per family
Due @ registration
(non-refundable)
Date all forms rec'd ____/_____/____
Check#_____ Cash____
Tuition Form_____ EC Form _____
Person accepting this form_____

APPLICATION FOR K-8

Please print clearly **How did you hear about our school? _____**

Household Last Name: _____ Household language: _____

Name of child: _____ Gender: M____ F____
Last First Middle

Child's address: _____City:_____ Zip:_____

Home phone number: _____ Date of birth: _____/_____/_____

Place of birth: _____Date entered US_____
City State Country (If outside the United States)
Ethnicity: _____ (This information is needed to prepare our State Reports.)

Religion: _____ I am an active member of _____ Parish.

Public school district residence of child: _____.

Have you registered with your home school district? _____ Yes _____ No

(You will also need to separately apply for bus service through your home school district by April 1st for the following academic year)

Please circle what grade student is entering: K 1 2 3 4 5 6 7 8

If transferring from another school: Name of School: _____ Phone # _____

List all siblings & ages:

1._____ 3._____

2. _____ 4. _____

Sacraments	Date	Church	City/Town
Baptism			
First Penance			
First Eucharist			

Financial Responsibility will be assumed by: _____

Relation to the student: _____

Home Structure: Both Parents Mother Only Father Only Other (specify)_____

Marital status of parents: Married Separated Divorced Single Remarried

Does child live with both natural parents? ____ If not, which parent has legal custody?_____

A copy of legal documentation must be provided to the school before the child enters.
If there is a step-father or step-mother, give the full name: _____

PLEASE NOTE THAT EACH YEAR WE PROVIDE A SCHOOL DIRECTORY OF ALL STUDENTS. YOUR NAME, ADDRESS, PHONE NUMBER, E-MAIL AND YOUR CHILD'S NAME AND GRADE WILL BE INCLUDED. THIS DIRECTORY IS HELPFUL FOR SECURING PLAY DATES AND SHARING FORGOTTEN HOMEWORK, ETC. THE LIST IS NEVER USED FOR COMMERCIAL PURPOSES AND YOUR INFORMATION WILL NOT BE TRANSFERED OR SOLD. PLEASE CHECK YOUR PREFERENCE BELOW:

_____ **YES**, I WOULD LIKE TO BE IN THE SCHOOL DIRECTORY.

_____ **NO**, I WOULD NOT LIKE TO BE IN THE SCHOOL DIRECTORY

Please print your name(s) exactly the way you want it to appear in the directory. **Only one e-mail address can be printed in the directory. *Please indicate which e-mail address you would like in the directory. Please note, most of the office correspondence is sent through e-mail. Please mark which e-mail you would like to have correspondence sent to ([at least] one or both parents).**

PHOTO-VIDEO RELEASE: I hereby give permission for my son/daughter to be photographed or videotaped at Saint Benedict School. I realize this photo may be published in the newspaper, a magazine, the school website, or other publications/media. The photos/videos may be used for information or education purposes regarding the programs or curriculum at Saint Benedict, in strict accordance with the safeguards and policies in our Handbook. _____ YES _____ NO

Parent Information

Father: _____

E-Mail: _____

____Directory ____ Correspondence

Religion: _____

Occupation: _____

Place of employment: _____

Business phone: _____

Cell phone: _____

Home address: _____
(if different than student)

Parent Information

Mother: _____
(please include maiden name)

E-Mail: _____

____Directory ____ Correspondence

Religion: _____

Occupation: _____

Place of employment: _____

Business phone: _____

Cell phone: _____

Home address: _____
(if different than student)

Describe any illnesses, diseases, physical and/or learning disability, IEP or 504 (please provide copies) or psychological treatment which may have or may affect your child's general health, school work, or participation:

_____

_____

Alumni Information

Please indicate if either parent is an alumnus of St. Benedict. Please include maiden name.

Name: _____ Class of: _____

Name: _____ Class of: _____