



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 4 Year Old Program

Please print clearly

How did you hear about our school? _____

Household Last Name: _____

Name of child: _____
Last First Middle

Child's address: _____ City: _____ Zip: _____

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

Place of birth: _____ Gender: M ___ F ___

Ethnicity: _____ (This information is needed to prepare our State Reports.)

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

Public school district residence of child: _____.

Please circle choice: ½ Days or Full Days (All 4 Year Old Students attend Mon. – Fri.)

List all siblings & ages:

- | | |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

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:

*** An immunization record and current physical is due on or before the first day of school.**

Baptism Date	Church	City/Town

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 TRANSFERRED 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)

Alumni Information

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

Name: _____

Class of: _____

Name: _____

Class of: _____