



APPLICATION ADDENDUM INFO.

Student's Name: _____
Last First Middle Preferred Name

Social Security Number: _____

Student Lives With: Both _____ Parents _____ Mother _____ Father _____ Guardian (specify) _____ Other _____ (specify) _____

Mail Addressed To: Circle one : Mr. & Mrs. John Doe/ Ms. Jane Doe/ Mr. John Doe Other _____

Ethnic Group: African-American _____ Asian _____ Bi-Racial _____ Caucasian _____
Hispanic _____ Native American _____ Other _____

Citizen Of: (Country): _____ Nationality _____

Birth Country: _____

Primary Language Spoken at Home: _____ 2nd Language: _____

Parish/Church: _____

Public Elementary School in District: _____

Public High School in District: _____

Emergency Contact Information:

Emergency Contact #1:

Name: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Emergency Contact #2:

Name: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Physician: _____ Phone Number: _____

Has recommendation ever been given for Special Education Services? If yes, for what:

Please list all family members who are St. Benedict High School alumni, their relationship to you and year of graduation:

