

Sibling Information:

Name _____ *Date of Birth* _____ *Gender* _____ *School Currently Attending* _____

Relatives and/or friends at St. Benedict Preparatory School: _____

Which languages are spoken in your home? _____

By whom were you referred to the school? _____

Religious Demonination: _____

Applicant's Current School: _____ Current Grade: _____

School Address: _____ City: _____

School Head/Principal: _____ School Phone: (____) _____

Please list all schools attended (beginning with Kindergarten), giving dates of attendance:

School Name _____ *City* _____ *Date of Attendance* _____

Tell us about your child's interests/activities:

Describe for us why you feel St. Benedict Preparatory would be a good match for your child and your family:

Medical, physical or psychological conditions of which the school should be aware or any medication that your child takes regularly:

Financial Responsibility rests with:

Signature _____ *Relationship* _____

Signature _____ *Relationship* _____

Student's Name: _____
Last First Middle Preferred Name

Student Social Security Number: _____

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

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: _____

SCHOOL INFORMATION:

Current School _____ Address _____

Grades attended _____ Date(s) _____

1) Does the child for whom you are seeking admission to SBPS have a learning disability or physical/medical impairment that affects school performance? YES NO If yes, please describe: _____

2) Have you been made aware of any learning or behavior concerns by faculty/staff of your child's current or previous school? YES NO If yes, please describe _____

3) Does the child have any severe allergies or medical conditions that may require additional school support? YES NO

If yes, please describe: _____

Parent(s) or guardian(s) signature(s)

Date

*** Please note that SBPS reserves the right to withdraw acceptance for admission if information on this application is misleading to school officials or is inaccurate.**

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