

Application for Admission

Student

Full name _____ Nickname _____
Date of birth _____ Female Male Desired date of entrance _____
Home address _____ Phone _____
City _____ State _____ Zip _____

Days a week: 3 2 1 Full Day Half Day

Payment Schedule: In Full Semester Monthly

Parent/Guardian(s)

Name _____ **Occupation** _____
Business name _____ **Email** _____
Business phone _____ **Cell** _____
Business Address _____

Name _____ **Occupation** _____
Business name _____ **Email** _____
Business phone _____ **Cell** _____
Business Address _____

Sisters/Brothers

Name _____ Date of Birth _____
Name _____ Date of Birth _____
Name _____ Date of Birth _____
Name _____ Date of Birth _____

Grandparents (invitations are sent for special events)

Name _____ Address _____
City _____ State _____ Zip _____

Name _____ Address _____
City _____ State _____ Zip _____

Name _____ Address _____
City _____ State _____ Zip _____

Name _____ Address _____
City _____ State _____ Zip _____

Background

Schools previously attended

Name _____ Dates attended _____

Phone _____ Address _____

City _____ State _____ Zip _____

Tell us about your family

Is a language other than English spoken in your home? Yes No

If yes, what language _____

Is your child bilingual? Yes No Ethnic background of your child (*optional*) _____

Activities outside of school your child enjoys participating in: _____

Do you have friends or family who attend Benedicite? Yes No

Please list:

Name _____ Relationship _____

Name _____ Relationship _____

Who recommended Benedicite to you, or how did you hear about us (website, drove by, etc.)? _____

What are your hopes and dreams for your child? _____

If you could use three words to describe your child, what would they be? _____

If you could use three words to describe your family, what would they be? _____

What hobbies/talents do you and/or your family enjoy? _____

Would be willing to volunteer your talents at Benedicite? Yes No

Any parent or family member planning on volunteering is required to complete a background check prior to attending.

Special Considerations

Does your child have an IFSP? Yes No (If yes, please provide Benedicite with a copy)

Do we have permission to collaborate with IFSP team members? Yes No

Signature _____ Date _____

Signature _____ Date _____

Please return this application with a \$50 check for the non-refundable new student application fee.