

St. Benedict School  
4811 Wallingford Ave North  
Seattle WA 98103  
206-633-3375  
206-632-3236 (fax)  
www.stbens.net



## Application for Enrollment Grades K - 8

Date of Application \_\_\_\_\_ Year of Intended Entry \_\_\_\_\_ Entry Grade \_\_\_\_\_

Student Name \_\_\_\_\_ Male / Female  
*First Middle Last*

Birth Date \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_  
*Street City Zip*

Student Religion \_\_\_\_\_ Parish \_\_\_\_\_

Parent/Guardian Name (1) \_\_\_\_\_ Work Phone \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent/Guardian Name (2) \_\_\_\_\_ Work Phone \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Previous School Attended \_\_\_\_\_

1. Has your child ever been diagnosed as eligible for special education services? Yes No  
If yes, what type? \_\_\_\_\_

2. Has your child ever been placed in a special program for learning disabilities or behavior/emotional concerns? Yes No  
If yes, what type? \_\_\_\_\_

3. Has a teacher ever recommended a special program placement for your child? Yes No  
If yes, what type? \_\_\_\_\_

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Please include \$100.00 application fee with:

- 1) Application for Enrollment form
- 2) Copies of current and last year's report cards (Grades 1 – 8)

*For office use only:*

Application Fee Paid \_\_\_\_\_ Check Number \_\_\_\_\_ Date Received \_\_\_\_\_