

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 _____