



4811 Wallingford Avenue North • Seattle, Washington 98103
Telephone: (206) 633-3375 • Fax: (206) 632-3236 • 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 (Circle One)

Birth Date _____ Home 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 submit the following with your Application:

- 1) Application Fee of \$50.00
- 2) Copy of current and last year's report cards (Grades 1 – 8)
- 3) Copy of Birth Certificate (new students only)

For office use only:

Application Fee Paid _____ Check Number _____ Date Received _____