



REGISTRATION FORM

Date: _____ School Year: **2019 -2020** M_ F_ Entering Grade: _____

Last Name *First Name* *Middle Name*

Address *City* *Zip* *Public School District of Residence*

Date of Birth *Place of Birth* *Citizenship*

Mother's Email *Father's Email*

Home Phone *Mother's Cell* *Father's Cell*

Religion *Parish* *City*

	Parish	City & State	Date
Baptism			
Reconciliation			
First Eucharist			
Confirmation			

Were you referred by a St. Benedict School family? If yes, please list family name: _____

Are you a parishioner of: St. Catherine, Holmdel St. Gabriel, Marlboro St. Mary, Colts Neck
 Other _____

How did you hear about us? Internet Postcard Social Media Newspaper Other: _____

PRESENT School Attending: _____ Grade: _____

Address: _____ Phone: _____

Reason for Leaving: _____

Former School: _____ Reason for Leaving: _____

Has your child ever been evaluated by a Child Study Team? ___ Yes ___ No Date of Evaluation: _____

Other pertinent information: _____

PRESCHOOL STUDENTS ONLY
_____ 5 Full Days (8:15 am - 2:00 pm)
_____ 3 Full Days (8:15 am - 2:00 pm)
_____ 5 Half Days (8:15 am - 11:00 am)

OFFICE USE ONLY	
() Birth Certificate	() Report Card
() Baptismal Certificate	() Standardized Test Scores
() Immunization Record	
() Driver's License	
() Tax Bill/Utility Bill	
() Registration Fee - Check # _____	

