



PRESCHOOL APPLICATION FOR ADMISSION

APPLICATION FEE: \$50 per new student/\$100 per new family with more than one child applying

PLEASE SEND APPLICATION AND APPLICATION FEE TO:
St. Benedict Preschool School, 3901 N. Bell Avenue, Chicago, IL 60618
Attention: Barb Bennett

Date _____

Parent Name(s) _____

Student Name(s) _____

Student Nickname(s) _____

Student(s) Date of Birth _____

Address _____

City, State, Zip _____

Home Phone _____

Mom Work Phone _____ Mom Cell Phone _____

Dad Work Phone _____ Dad Cell Phone _____

Mom Email Address _____ Dad Email Address _____

St. Benedict Registered Parishioner _____ Yes _____ No Religion _____

If you answered no above, would your family intend to become parishioners if your child is accepted? _____ Yes _____ No

*In order to be considered a parishioner for acceptance purposes, at least one parent or guardian must be an active, registered parishioner by December 31. Please contact the parish rectory to register or to confirm active status.

Do you currently have a sibling attending St. Benedict Preparatory School? _____ Yes _____ No

If yes, student name and grade _____

PLEASE TURN OVER FOR SIDE 2 OF APPLICATION -----

FOR OFFICE USE ONLY

Tour Date _____
Application Received _____
Application Fee Paid _____
Met with HOS _____

Registration Packet Given _____
Registration Packet Returned _____
Registration Fee Paid _____
Placed on PS Roster _____

Has your child(ren) attended previous day care or school? _____ Yes _____ No

Facility Name and Address _____

Name of Primary Caregiver _____

Date of attendance: From ____/____/____ to ____/____/____

Facility Name and Address _____

Name of Primary Caregiver _____

Date of attendance: From ____/____/____ to ____/____/____

Please tell us about your child(ren): _____

Does the child for whom you are seeking admission to SBPS have a learning disability or physical/medical impairment that affects school performance? _____ YES _____ NO

Have you been made aware of any learning or behavior concerns by faculty/staff of your child's current or previous school? _____ YES _____ NO If yes, please describe: _____

Does the child have any severe allergies or medical condition that may require additional school support? _____ YES _____ NO

Schedule Preference (circle one): 5 Full Days 3 Full Days 5 Half Days 3 Half Days

Three Day Preference: _____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday

St. Benedict Preparatory School Preschool utilizes the application and fee to comply with school policy that requires a staff/student ratio of 1:10. Children must be three years old by September 1st and potty trained to be eligible for attendance. Students of non-parishioners are required to pay a \$600 surcharge per year.

Applications are accepted to confirm a family's expressed interest in choosing St Benedict Preparatory School. The school will contact the family when a child's classroom place is assured. The non-refundable application fee cannot be applied to registration and does not guarantee registration. St. Benedict Preparatory School reserves the right to offer priority registration to parishioner families.

Parent(s) or guardian(s) signature(s)

Date

08/11

***Please note that SBPS reserves the right to withdraw acceptance for admission if information on this application has been falsified or misleading to school officials.**