



ELEMENTARY SCHOOL 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 Elementary School, 3920 N. Leavitt Street, Chicago, IL 60618
Attention: Christa O'Keefe

Please CIRCLE the grade applying for:

Kindergarten – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8

Applicant's name (last, first, and middle)

Date of Birth (mm/dd/yyyy)

Grade applying

Academic Year

Country of birth

Country of citizenship

First language

Language Spoken at home

Home address – Street

City

State

Zip

Home phone

Religion

Parish or Church

FAMILY INFORMATION

Father or guardian name

Home address (if different from applicant)

City

State

Zip

Home phone

Mobile phone

Work phone

Email

Place of Employment

Position

Business address – Street

City

State

Zip

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 ES Roster _____

