

St Benedict School
230 North 7th Street
Cambridge, OH 43725

REGISTRATION FORM FOR NEW PRESCHOOL STUDENTS

FOR SCHOOL YEAR ____/____

Child's Full Name (first, middle, last) _____

Address: _____ City: _____ Zip: _____

Child's Social Security Number ____ - ____ - ____ Date of Birth (mm/dd/yy) ____/____/____

Gender M F Preschool Class ☐ 2-day ☐ 3-day ☐ 5-day

Sacrament of Baptism: (Parish, City, State, and Date) _____
(attach copy of certificate)

Ethnic Background (data is used in preparing federal, state and diocese reports) (please circle as appropriate)

American Indian/Alaskan Native Hispanic African American Caucasian/White (non-hispanic)
Oriental American/Asian or Pacific Islander Multi-racial (non-hispanic)

School District and School Building in which you reside: _____

Will you be using bus transportation? Yes No

If YES please circle one: Cambridge East Guernsey East Muskingum Rolling Hills

Sibling(s), Grade: _____

Father's Name _____ Mother's Name _____

Address: _____ Address: _____

Cell Phone: _____ Cell Phone: _____

Email: _____ Email: _____

Occupation: _____ Occupation: _____

Business Name: _____ Business Name: _____

Work Number: _____ Work Number: _____

Religious Affiliation: _____ Religious Affiliation: _____

Parish name where family is registered: _____

Parents are (please circle) Married Separated Divorced Single Widow/Widower

If custody of child has been granted by a court decree, who has custody? _____ (attach copy of custody papers)

Education History: Was child enrolled in Preschool before? Yes No

Name of Preschool: _____

Address: _____ Phone: _____

Does child receive special services currently? (speech, occupational therapy, etc.) Yes No

If yes, explain _____

Was child ever dismissed from school for disciplinary reasons? Yes No If yes, explain _____

Signature of Parent/Guardian _____ date: _____