

**Saint Benedict Catholic School
Student Registration Form 2024-2025**

Student

Student's Full Name: _____ Preferred Name: _____

Date of Birth: _____ Gender (M/F): _____ Grade: _____

Address: _____

Home Phone: _____

Siblings currently enrolled at Saint Benedict: _____

Religion: _____

If Catholic

Baptism Date: _____ Location: _____

First Communion Date: _____ Location: _____

Parent/Guardian

Parent/Guardian

Name: _____

Name: _____

Occupation: _____

Occupation: _____

Employer: _____

Employer: _____

Business address: _____

Business address: _____

Home address: _____

Home address: _____

Work Phone: _____

Work Phone: _____

Home Phone: _____

Home Phone: _____

Cell Phone: _____

Cell Phone: _____

Email: _____

Email: _____

BE SURE TO LIST EXACTLY THOSE PARENTS/GUARDIANS WITH PARENTAL RIGHTS

Emergency Medical Information

Physician's Name: _____ Phone Number: _____

Chronic Physical Conditions: _____

Allergies or intolerances: _____

Please remember to fill out the back side of this form. Thank you.

Emergency Contact Information – You MUST in full.

Two LOCAL contacts who can transport student if parent cannot be reached. Be sure to include the FULL address with zip code.

Name: _____	Name: _____
Relationship to Student: _____	Relationship to Student: _____
Address: _____	Address: _____
_____	_____
Phone: _____	Phone: _____

Authorizations for pick-up

Person(s) authorized to pick-up student in addition to parents and Emergency Contacts:

Person(s) NOT authorized to pick-up student: _____

* Appropriate paperwork such as custody papers must be on file, if a parent is not allowed to pick-up a student.

Agreements

1. The school agrees to notify the parent(s)/guardian(s) whenever the student becomes ill and the parent(s)/guardian(s) will arrange to have the student picked up as soon as possible if so requested by the school.
2. The parent(s)/guardian(s) authorize the school to obtain medical care if an emergency occurs when the parent(s) or guardian(s) cannot be located immediately. If there is an objection to seeking emergency medical care, the parent(s) or guardian(s) must provide a statement describing the objection and the reason for it.
3. The parent(s)/guardian(s) agree to inform the school within 24 hours or the next business day after any member of the immediate household has developed a reportable communicable disease, as defined by the State Board of Health, except for life-threatening diseases which must be reported immediately. The list of communicable diseases can be found online at www.vdh.org.
4. The parent(s)/guardian(s) agree that in an emergency where neither they nor their emergency contacts can be reached, a staff member may transport or allow emergency personnel to transport the student for safety or treatment.

Signatures

_____	_____
Parent/Guardian	Date

_____	_____
Parent/Guardian	Date