

**ST. BENEDICT**  
CATHOLIC CHURCH AND SCHOOL



St. Benedict Catholic Church and School  
165 Bethany Road  
Holmdel, New Jersey 07733  
Phone: 732.264.5578  
Fax: 732.264.8679  
[www.stbenedictnj.org](http://www.stbenedictnj.org)

Dear Parents/Guardians,

Welcome to St. Benedict School! We are proud of all we have to offer to our students, both spiritually and academically, and we are pleased that your family is interested in becoming part of our school community.

Please complete the forms listed below and return them to the school office:

1. **Registration Form:** Please be sure to complete the entire form, including "reason for leaving" the current school if the student is in Grades 1 - 7.
2. **Chapter 79 – Individual Request for Loan of Textbooks:** Fill in name/address of student and sign.
3. **Bus Transportation Form(s):** Fill out form(s) completely even if you will not choose to use the bus.

In addition to those forms, we require the following of all applicants:

- Application/Registration Fee (per family) of \$250 (non-refundable if the student is accepted)
- Child's original birth certificate
- Child's Baptismal certificate
- Parent's driver's license
- Parent's tax or utility bill as proof of residency

For students entering Grades 1-8 we also require the following:

- Academic records (report card and standardized test scores)
- Behavioral records
- Personal interview
- Pre-admission information release form

Students will be considered for Grade 8 only if they are transferring from another Catholic school. Please note that we do not consider applications to St. Benedict School on a first-come, first-served basis. We evaluate applications on an individual basis, with the principal making the final decision. You must first submit all necessary documentation before we will consider your child's application. We make every attempt to notify parents about the status of your child's application within one month of submission of the complete registration packet.

Sincerely,  
Candace Wallace, Principal

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Sex: \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ ZIP Code \_\_\_\_\_ Telephone \_\_\_\_\_ Public School District of Residence \_\_\_\_\_

Place of birth (city, state) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Country of Citizenship \_\_\_\_\_  
Month \_\_\_\_\_ day \_\_\_\_\_ year \_\_\_\_\_

Mother's Email Address \_\_\_\_\_ Mother's Cell Phone # \_\_\_\_\_  
Father's Email Address \_\_\_\_\_ Father's Cell Phone # \_\_\_\_\_

Religion \_\_\_\_\_ Registered Parish \_\_\_\_\_ City/Town \_\_\_\_\_  
Length of Time in Parish \_\_\_\_\_ Envelope # \_\_\_\_\_

Present School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_  
School Address: \_\_\_\_\_ School Phone: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Other Schools Attended: \_\_\_\_\_ Grade: \_\_\_\_\_  
School Address: \_\_\_\_\_ School Phone: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

	Parish	City & State	Date
Baptism			
First Penance			
First Eucharist			
Confirmation			

Has child or other family member ever attended St. Benedict School? \_\_\_\_\_  
If yes, when \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Name of Student: \_\_\_\_\_  
Has your child ever been evaluated by a Child Study Team? \_\_\_\_\_  
If yes, date \_\_\_\_\_ Classification? \_\_\_\_\_  
Other Pertinent Information: \_\_\_\_\_  
\_\_\_\_\_

- FOR OFFICE USE ONLY
- Birth Certificate  Nurse
  - Baptismal Certificate  Secretary
  - Immunization Record  Finance
  - Report Card/Stand. Test
  - Standardized Test Scores
  - Driver's License
  - Tax Bill/Utility Bill
  - Registration Fee -- Check # \_\_\_\_\_
  - Accepted Y/N \_\_\_\_\_



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**Release to Obtain Pre-Admission Information for Student Applicant**

I, \_\_\_\_\_ (*printed name of parent/guardian*),  
give permission to the principal, social worker, or relevant faculty member of St. Benedict  
School to communicate with school personnel at

\_\_\_\_\_

*Please Print School Name*

regarding my child, \_\_\_\_\_,

*Please Print Name of Student*

as part of the St. Benedict School admission screening process. I understand that all  
information received will be held as confidential and cannot be released without written  
permission of the parent or legal guardian.

I further understand that if it is established after my child is accepted into St. Benedict  
that I was not forthcoming about information requested in the pre-admission interview, I  
will place my child's status as a St. Benedict student in jeopardy.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Relationship to child*

# INDIVIDUAL PUPIL REQUEST FOR LOAN OF TEXTBOOKS

**2017/2018 School Year**

**Date:** \_\_\_\_\_

**Public School District:** Holmdel Township  
**Address:** 4 Crawfords Corner Road  
Holmdel, NJ 07733

**Nonpublic School:** St. Benedict School  
**Address:** 165 Bethany Road  
Holmdel, NJ 07733

**Name of Pupil:** \_\_\_\_\_

**Grade:** \_\_\_\_\_

**Name of Parent:** \_\_\_\_\_

Under the provisions of N.J.S.A. 18a: 58-37.1 ET SEQ., I HEREBY REQUEST THE Holmdel Public School District to loan textbooks to St. Benedict School in which my child is enrolled. I certify that my above named child and I are residents of the State of New Jersey. I understand that the board of education of the public school district in which the nonpublic school is located with state funding is responsible for providing the loan of textbooks to non-public school pupils pursuant to law and regulations.

**Signature of Parent/Guardian:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**(B6T) APPLICATION FOR PRIVATE SCHOOL TRANSPORTATION**

Please submit a separate application for each child to the private school

SCHOOL YEAR 2017-2018

RESIDENT DISTRICT BOARD OF EDUCATION \_\_\_\_\_

STUDENT'S NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
LAST FIRST MIDDLE MONTH DAY YEAR

GENDER \_\_\_\_\_ PARENT/GUARDIAN NAME \_\_\_\_\_ DAYTIME PHONE \_\_\_\_\_  
M or F AREA CODE + NUMBER

HOME ADDRESS \_\_\_\_\_ CITY or TWP \_\_\_\_\_ ZIP \_\_\_\_\_

NEAREST INTERSECTION TO STUDENT'S RESIDENCE \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_

FULL NAME OF SCHOOL TO BE ATTENDED St. Benedict School PHONE 732-264-5578

ADDRESS OF SCHOOL 165 Bethany Road, Holmdel, N.J. 07733

STUDENT'S GRADE FOR THE COMING YEAR \_\_\_\_\_ SHORTEST ONE-WAY MILEAGE BETWEEN HOME AND SCHOOL \_\_\_\_\_  
(MEASURED VIA THE SHORTEST ROUTE ALONG PUBLIC ROADWAYS OR WALKWAYS IN MILES AND TENTHS)

DATE SCHOOL OPENS 09/2017 CLOSING 06/2018 SCHOOL HOURS FROM 8:00 MILES TENTHS AM TO 2:15 PM

NAME AND ADDRESS OF LAST SCHOOL OF ATTENDANCE \_\_\_\_\_

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE \* FOR PUBLIC SCHOOL USE ONLY**

YOUR APPLICATION HAS BEEN REVIEWED BY THE RESIDENT DISTRICT BOARD OF EDUCATION. THE FOLLOWING DETERMINATION HAS BEEN MADE:

\_\_\_\_\_ TRANSPORTATION WILL BE PROVIDED \_\_\_\_\_ YOU ARE ELIGIBLE FOR PAYMENT IN LIEU OF TRANSPORTATION

\_\_\_\_\_ INELIGIBLE \_\_\_\_\_ (REASON)

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_

**INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR PRIVATE SCHOOL TRANSPORTATION (B6T) N.J.A.C. 6A:27-2.5**

1. IT IS THE OBLIGATION OF THE PARENT OR GUARDIAN OF PRIVATE SCHOOL STUDENTS TO:

- ANNUALLY OBTAIN THE APPLICATION FOR PRIVATE SCHOOL TRANSPORTATION FROM THE ADMINISTRATIVE OFFICE OF THE PRIVATE SCHOOL FOR EACH STUDENT FOR WHICH TRANSPORTATION SERVICES ARE BEING REQUESTED. SUBMIT A SEPARATE APPLICATION FOR EACH STUDENT.

**NOTE:**

- IF THERE IS A CHANGE OF HOME ADDRESS, A NEW APPLICATION SHALL BE SUBMITTED TO THE PUBLIC SCHOOL DISTRICT OF RESIDENCE.
- IF THERE IS A CHANGE IN THE NONPUBLIC SCHOOL OF ATTENDANCE, A NEW APPLICATION SHALL BE SUBMITTED TO THE PUBLIC SCHOOL DISTRICT OF RESIDENCE.

- COMPLETE THIS APPLICATION AND RETURN IT TO THE PRIVATE SCHOOL ON OR BEFORE MARCH 10<sup>TH</sup> PRECEDING THE SCHOOL YEAR IN WHICH TRANSPORTATION IS BEING REQUESTED.

LATE APPLICATIONS – ANY APPLICATION RECEIVED AFTER MARCH 10<sup>TH</sup> WILL BE A LATE APPLICATION AND MUST BE ACCOMPANIED BY A STATEMENT OF THE REASON FOR LATENESS. ELIGIBLE STUDENTS WILL RECEIVE TRANSPORTATION OR AID IN LIEU OF TRANSPORTATION BASED ON THE DATE THE APPLICATION IS RECEIVED BY THE PUBLIC SCHOOL.

2. IT IS THE OBLIGATION OF THE NONPUBLIC SCHOOL ADMINISTRATOR TO ANNUALLY COLLECT THE APPLICATION AND SUBMIT IT TO THE PUBLIC SCHOOL FROM WHICH TRANSPORTATION IS BEING REQUESTED PRIOR TO MARCH 15<sup>TH</sup>.

3. IT IS THE OBLIGATION OF THE PUBLIC SCHOOL ADMINISTRATOR TO NOTIFY THE PARENT OR GUARDIAN AS TO THE DETERMINATION OF EACH APPLICATION BY AUGUST 1<sup>ST</sup>.

A DISTRICT BOARD OF EDUCATION SHALL PAY AID IN LIEU OF TRANSPORTATION TO THE PARENT OR GUARDIAN OF AN ELIGIBLE STUDENT ONLY AFTER RECEIVING A SIGNED "REQUEST FOR PAYMENT OF TRANSPORTATION AID" VOUCHER AS PRESCRIBED BY THE COMMISSIONER OF EDUCATION.