

St. Benedict the Moor Catholic School  
New Student Application Check Sheet

2025-26

**KINDERGARTEN**

**Do you have the following before handing in Registration?**

- Complete and submit the New Student Application with the applicable fees.
- Registration fee is \$50.00 per student \$75.00 per family February 2025 (Non-Refundable). Registration fee is negotiable.**
- Sign up for kindergarten Screening through the school main office
- Attend Kindergarten screening at the scheduled time
- Apply for Ohio EdChoice Scholarship or EdChoice Expansion Scholarship
- Complete and submit the following information:
  - Shot record**
  - Birth Certificate**
  - Baptismal Certificate (If Applicable)**
  - Custody Papers (If Applicable)**
  - Service Plans (ex. IEP, 504 etc.) (If Applicable)**

**GRADES 1-8**

**Do you have the following before handing in Registration?**

- Complete and submit the New Student Application with the applicable fees.
- Registration fee \$50.00 per student \$75.00 per family. February 2025 (Non-Refundable). Registration fee is negotiable.**
- Schedule a New Student Assessment through the school's main office
- Receive St. Benedict assessment results within 2 weeks
- Schedule an interview
- Student and parents should plan to attend
- Bring a recent report card, assessment results, and standardized test results
- Apply for the Ohio EdChoice Scholarship (grade K-8).
- Complete and submit the following information:
  - Shot Record**
  - Birth Certificate**
  - Baptismal Certificate (If Applicable)**
  - Custody Papers (If Applicable)**
  - Service Plans (ex. IEP, 504, etc.)(If Applicable)**

**The application process is not complete until all items listed above have been received by March 31, 2025**

St. Benedict School Office  
138 Gramont Avenue, Dayton, Oh 45417 937.268.6391  
**School Hours 8:00a-3:00p Mon-Fri**  
**Mrs. Long**  
Office Manager

**Admissions Application**  
**St. Benedict the Moor Catholic School**  
**138 Gramont Avenue, Dayton, Ohio 45417**  
**Phone: 937.268.6391 Fax: 937.268.9775**  
[www.stbenedictdayton.org](http://www.stbenedictdayton.org)

**Student Information**

Legal Name: \_\_\_\_\_  
   Last  First  Middle

Address: \_\_\_\_\_  
   Street  City  State  Zip

Gender  Male or Female    Current Grade \_\_\_\_\_    Current School \_\_\_\_\_

Birth date: \_\_\_\_\_    Place of Birth \_\_\_\_\_  
   Month-Day-Year  City & State

Ethnic Background:  African-American     Caucasian     American Indian/Alaskan Native     Asian  
 (Optional)                       Multi-Racial                       Pacific Islander                       Other

**Public School District of Residence** \_\_\_\_\_

**Student resides with:**     Mother & Father               Mother Only     Father Only     Mother & stepfather  
    Father & Stepmother     Guardian               Other (\_\_\_\_\_)

Who has legal custody of student? \_\_\_\_\_

Is there a court order regarding this student  Yes  NO  **If yes, copy must be provided to the school**

**Name of Mother/Guardian:** \_\_\_\_\_ Religion \_\_\_\_\_

Mother     Stepmother     Guardian     Deceased     Other              Marital Status \_\_\_\_\_

Address \_\_\_\_\_  
   City  State  Zip

Primary Phone# \_\_\_\_\_    Alternate Phone# \_\_\_\_\_    email address \_\_\_\_\_

Occupation: \_\_\_\_\_    Place of Employment \_\_\_\_\_    Work Phone # \_\_\_\_\_

**Name of Father/Guardian:** \_\_\_\_\_ Religion \_\_\_\_\_

Father     Stepfather     Guardian     Deceased     Other    Marital Status \_\_\_\_\_

Address \_\_\_\_\_  
   City  State  Zip

Primary Phone # \_\_\_\_\_    Alternate Phone # \_\_\_\_\_    email address \_\_\_\_\_

Occupation: \_\_\_\_\_    Place of Employment \_\_\_\_\_    Work Phone \_\_\_\_\_

**Additional Contacts:** Please list name, contact phone number and relationship to student:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Please complete other side of form

Siblings:                      Name/Ages    Grade    School

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Previous school(s) student attended: \_\_\_\_\_

Has student had any previous grade retention? O Yes O No - If yes, which grade? \_\_\_\_\_

Does student receive any special education needs or help? O Yes O No if yes, in what areas: \_\_\_\_\_

Does the student have an IEP? O Yes O No if yes, disability category: \_\_\_\_\_

If yes to IEP, a copy of the current IEP must be returned with this application paperwork to St. Benedict.

Any health problems? O Yes O NO If yes, what: \_\_\_\_\_

Is student on any type of medication O Yes O No If yes, what: \_\_\_\_\_

**Student Religious Education Background:**

Is student Catholic O Yes O NO?

<u>Sacraments</u>	<u>Baptism</u>	<u>Reconciliation</u>	<u>First Communion</u>	<u>Confirmation</u>
<u>DATE</u>				
<u>CHURCH</u>				
<u>ADDRESS</u>				
<u>CITY &amp; STATE</u>				

Is family an active contributing member of a Catholic parish? O Yes O No

Does your family regularly attend Mass/services at your Church? O Yes O No  weekly  monthly  yearly

What church does the family attend? \_\_\_\_\_

**SPECIAL NOTES**

- ° Additional information about your child that you feel we should know may be stated on a separate sheet of paper.
- ° Please provide copies of recent report card and standardized test results at the time of application
- ° Once your student has been accepted you must request the transfer of all of your child's academic and health records. These must be in School Office prior to entry in the fall.
- ° Completion of Admissions Application form does not guarantee enrollment to our school.

**AGREEMENT:**

- I give my permission for my son/daughter's picture or quotation to be used by this school and/or Archdiocese of Cincinnati in promotion of this school, the Archdiocese, and/or Catholic Education. O Yes O No
- I give permission for my contact information to be included in St. Benedict Catholic School phone notification system One Call Now O yes O no
- I verify that all information provided is true and consistent with all tuition aid forms, if completed. I agree to follow policies and regulations of St. Benedict the Moor catholic School.

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

Parent/Guardian that completed this form



**EMERGENCY MEDICAL  
AUTHORIZATION FORM**

**Purpose:** Enables parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parents/guardians cannot be reached. This Emergency Medical Authorization, must be on file for each student.

**PLEASE PRINT AND RETURN TO SCHOOL WITHIN 5 days.**

**Please Print**

Student's Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Student's Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Student ID: \_\_\_\_\_ Teacher: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Relation to Student: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email address: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Relation to Student: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email address: \_\_\_\_\_

**List a person who may be notified and to whom your child may be released if the school cannot reach you:**

Name / Relationship / Home Phone / Cell Phone / Work Phone

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Facts concerning the child's medical history including allergies, medications, and any physical impairment to which a physician should be alerted. \_\_\_\_\_

Doctor to be called: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist to be called: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Local Hospital: \_\_\_\_\_



# EdChoice Request Form 2025-2026

## STUDENT INFORMATION

This application is for (select one):

Traditional EdChoice Scholarship     EdChoice Expansion Scholarship (income based)

*\*Student data MUST match birth certificate.*

NAME: \_\_\_\_\_  
(First) (Middle) (Last)

DATE OF BIRTH: \_\_\_\_\_ LAST FOUR DIGITS OF SSN: \_\_\_\_\_ GENDER:  FEMALE  MALE

MOTHER'S MAIDEN NAME: \_\_\_\_\_ NATIVE LANGUAGE: \_\_\_\_\_

ETHNICITY: \_\_\_\_\_ CITY OF BIRTH: \_\_\_\_\_

GRADE LEVEL FOR 2024-2025: \_\_\_\_\_ GRADE LEVEL FOR 2025-2026: \_\_\_\_\_

IS THE STUDENT AN INCOMING KINDERGARTNER?     YES     NO

IS THE STUDENT AN INCOMING HIGH SCHOOLER?     YES     NO

HAS THE STUDENT EVER ATTENDED ANY OHIO PUBLIC SCHOOL?     YES     NO

IF YES, WHERE?

DISTRICT: \_\_\_\_\_ Building: \_\_\_\_\_ Year: \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION

FOR THE PARENT/GUARDIAN SIGNING CHECKS, I AM THE (CHECK ONE):

Natural Parent     Residential Parent     Adoptive Parent     Student who is at least 18 years old

Legal Guardian of student applying for scholarship funds (court documents or Affidavit of Eligibility are required)

## PRIMARY PARENT/GUARDIAN

NAME: \_\_\_\_\_  
(First) (Middle) (Last)

DATE OF BIRTH: \_\_\_\_\_ LAST FOUR DIGITS OF SSN: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIPCODE: \_\_\_\_\_ COUNTY: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

RELATIONSHIP TO STUDENT: \_\_\_\_\_

## SECONDARY PARENT/GUARDIAN

NAME: \_\_\_\_\_

(First)

(Middle)

(Last)

DATE OF BIRTH: \_\_\_\_\_ LAST FOUR DIGITS OF SSN: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIPCODE: \_\_\_\_\_ COUNTY: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

RELATIONSHIP TO STUDENT: \_\_\_\_\_

## SCHOOL INFORMATION

*\*Information must be completed to determine eligibility.*

My student is currently attending (check only one box):

Attending a public school

Attending a charter/community school

Attending a private school

Homeschooled (Never attended an Ohio School)

New to Ohio

Attending Pre-school

Other: \_\_\_\_\_

Name of school the student is currently attending: \_\_\_\_\_

Name of public school district you live in: \_\_\_\_\_

Name of public school the student would be assigned to for the 2025-26 school year: \_\_\_\_\_

## INCOME VERIFICATION

Income verification is required for new Expansion Scholarship applicants. Income verification is not required to apply for a Traditional EdChoice Scholarship. Families may qualify for low-income status if they choose to have their income verified for the Traditional EdChoice Scholarship. To complete the Income Verification process,



parents may submit online using the [secure Income Verification system](#) or complete and mail the paper form. Emailing documents is not permitted.

## ADDRESS VERIFICATION

***Proof of residency is required of all renewal applicants and must be submitted to the school with the application.***

Parents/Guardians must document residency by providing the school with a current (less than 90 days old) utility bill. The utility (electric, gas, water, sewer, cable/internet) bill must show matching service address and mailing address in the name of the parent/guardian. Post office boxes (except in rural areas where residents only have a PO Box) and cell phone bills have no service address and therefore are not accepted.

*Other Acceptable Documents:* A monthly mortgage statement (less than 90 days old) or lease/rental agreement (signed by lessee and lessor) **and** a piece of current business mail (examples: pay stub, bank statement, insurance statement, car payment statement, etc.) with parent/guardian's name and address. Additional information can be found on the [scholarship webpage](#).

## 2025-2026 EDCHOICE PARENT AGREEMENT

I \_\_\_\_\_ AGREE TO THE FOLLOWING:

(Parent Name)

- The information provided in this application is true and correct.
- I have supplied the chartered nonpublic school with a certified copy of the student's birth certificate, copies of all custody/guardianship documentation for the student, and proof of my address.
- I have submitted only one EdChoice application for this student.
- The scholarship amount shall only be applied to the tuition of the enrolling school, and I may be required to pay other fees and costs as prescribed by the policies of the school.
- I will sign all scholarship checks received by the private school for my student in a timely manner. I understand that if I fail to endorse the scholarship checks to the school, I will be responsible for paying the student's tuition.
- If I transfer my scholarship to another participating chartered nonpublic school, I will notify the school of my intent to withdraw and I will return to the original school to sign any remaining checks.
- I will apply for any and all financial aid or tuition discounts and adjustments made regularly available to the students attending the school in which the student is accepted for enrollment.
- I will abide by the Ohio Department of Education and Workforce (DEW) dispute resolution process outlined in Ohio Administrative Code Section 3301-11-14.
- If I am not a low-income parent or did not complete the income verification process, I will be responsible for paying any difference between the scholarship amount and the tuition of the chartered nonpublic school.
- I must inform DEW and the chartered nonpublic school of any change in the student's residential address or custody status.
- I will not be able to renew my child's scholarship if: 1) my family moves to another public school district unless my child would be assigned to an EdChoice designated public school in the new district (applicable only to students who were initially awarded a scholarship based on an EdChoice designated

building); 2) my child does not complete all required assessments; 3) my child has more than 20 unexcused absences for the school year; or 4) I fail to complete the renewal process. If my child received an EdChoice Expansion scholarship, I must maintain Ohio residency.

- I have received and understand the policy handbook of the chartered nonpublic school and will abide by its provisions.
- I understand that if my child's scholarship has been awarded in error, it will be terminated immediately, and I would then be responsible for paying the tuition if I decide to keep my child at the private school.

I designate \_\_\_\_\_ (Private School Name) to submit an application on my behalf for the Scholarship Program through the Ohio Department of Education and Workforce's electronic application system. By signing below, I agree to the above statements.

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN THAT WILL BE SIGNING CHECK

\_\_\_\_\_  
DATE

**Return to the private school with a copy of current utility bill showing matching service and mailing addresses.**

*The Ohio Department of Education and Workforce does not discriminate on the basis of race, religion, gender, nationality, age, disability, or ethnic background. The Ohio Department of education and Workforce is an [equal opportunity employer](#) and provider of [ADA services](#). The Department's [Notice of Non-Discrimination](#) applies to all programs and activities.*

*View the Department's [Disability Discrimination Policy](#) and [Discrimination Policy Grievance Procedure](#). For further information on notice of non-discrimination, visit [ocrcas.ed.gov/contact-ocr](http://ocrcas.ed.gov/contact-ocr) for the address and phone number of the office that serves your area, or call 1-800-421-3481.*



St. Benedict the Moor Catholic School  
138 Gramont Avenue  
Dayton, Oh 45417  
Phone: 937-268-6391 Fax: 268-9775  
*2025-26* Request for Transfer of School Records

This form is provided for the purpose of obtaining or releasing a student's records. By signing this release, a parent, legal guardian, or the student involved who is over 18 years of age, will expedite the transfer of records to another school for enrollment in that school.

I/We \_\_\_\_\_ (Parent / Legal Guardian) do hereby give my permission for all records, transcripts, discipline, speech and hearing, psychological tests, ISP's including the student's health and immunization records for

STUDENT NAME

GRADE

_____	_____
_____	_____
_____	_____

to be released to

St. Benedict the Moor Catholic School  
(SEE ADDRESS AS CHECKED ABOVE)

from (School's Name); \_\_\_\_\_

School Address: \_\_\_\_\_

By signing this request for transfer, I relieve the school, which the above named student(s) was / were attending, of the responsibility of notifying me that the records are being transferred. This authorizes transfer of all school records in compliance with the Family Educational Rights and Privacy Act of 1974, the ORC 3319.321 and P.L. 93-380

\_\_\_\_\_  
Parent / Legal Guardian

\_\_\_\_\_  
Principal

\_\_\_\_\_  
Date

Copy: Student File