

**St. Benedict the Moor Catholic School
Returning Student Application Check Sheet
2025-26**

Grades K-8

Do you have the following before handing in Registration?

Complete and submit the student application with applicable fees.

Registration is \$50.00 per student and \$75.00 per family 2 or more

Ⓜ **Renewal Forms for the Edchoice Scholarship Program are available in the school office or you should have received them in the mail. Please have your child's(ren) EdChoice Scholarship **Renewal form(s) with a current utility bill in the office by March 21,2025. If Edchoice renewal is not renewed your child(ren) will lose their scholarship for this school year or you will be asked to pay tuition \$6166.00 each student. The application process is not complete until all items listed above have been received by **March 21,2025.******

**St. Benedict the Moor Catholic School Office
138 Gramont Avenue, Dayton, Oh 45417 937.268.6391
School Office Hours: Mon-Fri 7:30am-3:00pm**

Registration must be completed before or by March 21, 2025 in order to keep their seat for 25-26. We are inviting new families to register and their seats may be taken.

**Mrs. J. Long
Office Manager**

St. Benedict the Moor School, Dayton, Ohio 45417
 Returning Student Registration, School Year 2025-26

This registration form is for families and students currently attending St. Benedict the Moor Catholic School. We have a good school with excellent academic and spiritual programs. Please consider registering as soon as possible to insure your children's place for the 2025-26 school year.

1. Family Name _____
 Address _____
 City _____
 Daytime Phone _____ Evening Phone _____
 Email Address _____ (REQUIRED)

2. Please identify the public school district your child/ren would attend if they were not enrolling at St. Benedict. This information is **very important** as it assists us when clarifying transportation and other information.

_____ School Building

_____ School District

3. Please list the names of all the students who will be re-enrolling. **Please do not include preschool children, new kindergarteners, or new students. Do include those already enrolled who will be returning next year.**

Name

Current Grade

4. **This registration must include a parent/guardian signature and a registration fee of 50.00 per student and \$75.00 per family fee is due at the time the application is submitted to the office.**
5. Money orders, cash debit/credit cards.

6. I am in agreement with all of the above stated information and my registration fee is included.
7. I give 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.

Signature

Date

Thank you for making the decision to continue Catholic education at St. Benedict the Moor School.



**CATHOLIC
SCHOOLS**

**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: _____

**EMERGENCY MEDICAL
AUTHORIZATION FORM
CONTINUED FROM PAGE 1**

Part 1 – TO GRANT CONSENT

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by the above-named doctor or, in the event the designated preferred physician is not available, by another licensed physician or dentist and (2) the transfer of the child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinion of two other licensed physicians or dentists concurring in the necessity for such surgery are obtained prior to the performance of such surgery.

Date: _____ Signature of Parent/guardian _____

Part 2 – REFUSAL TO CONSENT

I DO NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action.

Date: _____ Signature of Parent/guardian _____

EdChoice Renewal Form 2025-2026

STUDENT INFORMATION

*Student data MUST match birth certificate.

NAME: _____
(First) (Middle) (Last)

DATE OF BIRTH: _____ GENDER: FEMALE MALE

GRADE STUDENT WAS IN ON JANUARY 1, 2025: _____

SCHOOL CURRENTLY ATTENDING: _____

WHAT SCHOOL DISTRICT DO YOU LIVE IN? _____

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: _____

INCOME VERIFICATION

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 for the address and phone number of the office that serves your area, or call 1-800-421-3481.