



St. Benedict School
165 Bethany Road
Holmdel, New Jersey 07733
Phone: 732.264.5578
Fax: 732.264.8679
school.stbenedictholmdel.org

Dear Parents/Guardians,

Welcome to St. Benedict School! We are so proud of all we have to offer 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 following forms, and return them to the school office.

- ☐ Registration Form
- ☐ Request for Loan of Textbooks
- ☐ B6T – Application for Private School Transportation
- ☐ Record Release Form (Entering grades 1-8)
- ☐ \$250 Non-Refundable Registration Fee (New students)

In addition, please include the following documents:

- ☐ Original birth certificate
- ☐ Baptismal certificate
- ☐ Certificate of First Eucharist (if applicable)
- ☐ Immunizations record
- ☐ Copy of the parent's driver's license
- ☐ Tax or utility bill (proof of residency)

For students entering Grades 1-8:

- ☐ Report Card & Standardized Assessments
- ☐ Behavioral Records
- ☐ Record Release Form

A student interview may be required for transfer students in grades 6-8. Parents will receive acceptance letters once all of the documents have been reviewed. We look forward to having your child, and your family, as part of our SBS community.

Sincerely,
St. Benedict School Office



ST. BENEDICT SCHOOL

REGISTRATION FORM

Date: _____ School Year: **2024-2025** M ____ F ____ Entering Grade: _____

Last Name _____ First Name _____ Middle Name _____

Date of Birth _____ Place of Birth _____ Citizenship _____

Address _____ City _____ Zip Code _____

Resident County _____ Resident District _____ Resident School _____

Mother's Email _____ Father's Email _____

Home Phone _____ Mother's Cell _____ Father's Cell _____

Religion _____ Parish _____ City _____

	Parish	City & State	Date
Baptism			
Reconciliation			
First Eucharist			
Confirmation			

Were you referred by a St. Benedict School Family? If yes, please list family name: _____

Are you an alumni? YES ____ NO ____ If so, what year did you graduate? _____

How did you hear about us?

☐ Internet ☐ Social Media ☐ Newspaper/Magazine

PRESENT School Attending: _____ Grade: _____

Address: _____ Phone: _____

Reason for Leaving: _____

Please indicate any services or plans that your child may have:

IEP ____ Yes ____ No Developmental Screening _____

504 Plan ____ Yes ____ No Early Intervention _____

Speech Services ____ Yes ____ No Other _____

PRESCHOOL STUDENTS ONLY

_____ 5 Full Days (8:15 am - 2:00 pm)

_____ 3 Full Days - M, W, F (8:15 am - 2:00 pm)

_____ 5 Half Days (8:15 am - 11:00 am)

PREK3 OPTION ONLY

OFFICE USE ONLY

() Birth Certificate () Report Card
() Baptismal Certificate () Standardized Test Scores
() Immunization Record
() Driver's License
() Tax Bill/Utility Bill
() Registration Fee - Check # _____

FAMILY BACKGROUND

	Father	Mother (Including Maiden Name)	Guardian (Relationship to student)
Name			
Address (If different from child)			
Occupation/ Employer Work Address/Phone			
Work Email			
Date of Death (if <i>applicable</i>)			
Education	<input type="checkbox"/> Elementary <input type="checkbox"/> Secondary <input type="checkbox"/> College <input type="checkbox"/> Advanced	<input type="checkbox"/> Elementary <input type="checkbox"/> Secondary <input type="checkbox"/> College <input type="checkbox"/> Advanced	
Religion			

Home situation (Check all that apply): ☐ Two Parents ☐ One Parent ☐ Separated ☐ Divorced

Language spoken at home _____

IF PARENTS DIVORCED/SEPARATED

____ Father Remarried ____ Mother Remarried Child Resides with: _____

Custodial Rights - Please provide a copy of the Custodial Agreement before the first day of school.

SIBLINGS

[illegible]



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Pre-Admission Information
(Grades 1-8)

I, _____ give permission to the
principal, Social Worker, or relevant faculty member of St. Benedict School to
communicate with school personnel at:

Current School Attending

regarding my child, _____
Print Child's Name

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/guardian.

I further understand that if it is established after my child is accepted, that I was not
forthcoming about information requested, I will place my child's status as an St.
Benedict School student in jeopardy.

I give my permission for my child's academic records to be released to St. Benedict
School.

Signature

Date

Relationship to child

INDIVIDUAL PUPIL REQUEST FOR LOAN OF TEXTBOOKS

2024 - 2025 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 Entering: _____

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 the St. Benedict School
(Name of Public school District) **(Non-public 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: _____

SCHOOL YEAR 2024-2025

RESIDENT DISTRICT BOARD OF EDUCATION _____

STUDENT'S NAME _____

DATE OF BIRTH _____

LAST

FIRST

MIDDLE

MONTH

DAY

YEAR

GENDER _____

M or F

PARENT/GUARDIAN _____

DAYTIME PHONE _____

AREA CODE + _____

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)

TENTH

DATE SCHOOL OPENS _____

09/2024

CLOSE _____

06/2025

SCHOOL HOURS FROM _____

MILES

S

8:00

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 10th PRECEDING THE SCHOOL YEAR IN WHICH TRANSPORTATION IS BEING REQUESTED.

LATE APPLICATIONS – ANY APPLICATION RECEIVED AFTER MARCH 10TH 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 15TH.

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 1ST.

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.