

St. Benedict the Moor Catholic School New Student Application Check Sheet 2026-27

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 for 2 or more per family (Non-Refundable)
- Sign up for kindergarten screening through the school main office
- Attend Kindergarten Screening at the scheduled time
- Apply for the EdChoice Scholarship or EdChoice Expansion Scholarship
- Shot Record**
- Birth Certificate**
- Baptismal Certificate (If Applicable)**
- Custody Papers (If Applicable)**
- Current Utility Bill (spectrum, AES, Centergy, Water etc) No Cell phone bills**
- Please submit Application Friday, March 27, 2026 Discount registration fee**

Grades 1-8

Do you have the following before handing in Registration?

- Schedule for New Student Assessment through the main office
- Receive St. Benedict Assessment results before turning in application
- Schedule an interview with student and parents
- Bring recent report card (Assessment and standardized test if available)
- Apply for EdChoice Scholarship (grade K-8)
- Complete and submit the following information:
- Shot Record, Birth Certificate, Baptismal Certificate (if applicable)**
- Current Utility Bill (Spectrum, AES, Centergy, Water (No cell Phone Bills)**

Application deadline is Friday, March 27, 2026 We will have discount registration fee.

EdChoice Request Form 2026-2027

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 2025-2026: _____ GRADE LEVEL FOR 2026-2027: _____

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 2026-27 school year: _____

INCOME VERIFICATION

In addition to applying with the school, new EdChoice Expansion applicants will need to complete the income verification process, unless the family has previous household income on file. Income verification is optional for renewal applications in the EdChoice Expansion Scholarship program. Renewing families do not need to complete a new income verification each year. If your annual household income or household size has changed, families may submit a new income verification application for the next school year. Families applying for low-income status in EdChoice and EdChoice Expansion must submit new household income annually. Household Income will not be recalculated after the review has been completed. 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](#).

2026-2027 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.





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

Emergency Authorization (Updated Annually) Page 1 of 2

Last:		First:		Middle:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Height:	Weight:		Birthdate:
Teacher:		Grade:		Home Phone:	
Address:					
Father's Name:			Work or Day Phone:		
Cell:			Email:		
Mother's Name:			Work or Day Phone:		
Cell:			EMAIL:		
Legal Guardian:			Student Lives With (include relationship):		

Instructions: Parent/Guardian to complete either **Part I** or **Part II** of this form and return to your child's school within 10 days after you receive it.

Purpose: To enable parent(s) to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parents/guardian cannot be reached.

PART I or PART II MUST BE COMPLETED

PART I -- Grant Consent

In the event that reasonable attempts to contact me (at the above numbers) have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by the following health care providers, or if the designated provider is not available, by another licensed health care provider or dentist; (2) the transfer of the child to any hospital reasonably accessible.

Health Care Provider/Doctor _____ Phone _____

Dentist _____ Phone _____

Medical Specialist _____ Phone _____

Preferred Local Hospital _____

This authorization does not cover major surgery unless the medical opinions of two other licensed physician or dentist, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery. Facts concerning the child's medical history (include allergies, medications being take, and any physical impairments to which a health care provider should be alerted): _____

Date: _____ Parent Signature: _____

PART II -- Refusal to Consent (DO NOT complete if you have completed Part I)

I do not give consent of emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish that school authorities take no action or to: _____

Date: _____ Parent Signature: _____
 (Turn over and complete other side)

**Emergency Authorization Continued Page 2 of 2
Health Information (Updated annually)**

Student's Name: _____ Grade: _____ Rm: _____

Additional emergency numbers if parents cannot be reached:

Name	Relationship	Home Phone	Work Phone	Cell Phone
1)				
2)				
3)				

Please complete the following health questionnaire regarding your child. The information will be reviewed by the school nurse and shared with school personnel as necessary (with permission -- see below).

Does your child have any of the following (Please circle yes or no)?

	YES	NO	Comments
Significant Health History			_____
Asthma			_____
ADD/ADHD (circle which)			_____
Seasonal Allergies			_____
Non -- Life Threatening Allergies (food, insect,)			_____
Life Threatening Allergies (anaphylaxis)			_____
Bleeding Disorder			_____
Cancer			_____
Diabetes			_____
Eating disorder, anorexia, bulimia, obesity			_____
Hearing Concerns			_____
Heart (cardiac) condition			_____
Kidney/bladder condition			_____
Mental health concerns (depression, anxiety, fears etc.)			_____
Seizure Disorder			_____
Neurological condition (involuntary muscle movement, uncontrollable speech, etc.)			_____
Speech Delay			_____
Vision Concerns			_____
Other Chronic Health Concern not listed above			_____

Does your child require any of the following (Please circle yes or no)?

	YES	NO	Comments
Glasses			_____
Contact Lenses			_____
Hearing aids			_____
Prosthesis			_____
Medication at school			_____
If yes, please list:			_____

Does your child require special health care needs? YES NO

If yes, the school nurse will contact you to develop a school based health plan.

If yes to any of the above, please explain: _____

Permission to share above Health Information with school personnel as needed? YES NO

Date: _____ Parent Signature: _____

(Turn over and complete other side)

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PHYSICAL ADDRESS: _____

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RELATIONSHIP TO STUDENT: _____

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