



BENJAMIN PREPARATORY SCHOOL

OF ACADEMICS AND PERFORMING ARTS

APPLICATION 2014-2015 SCHOOL YEAR
(Please complete and print a separate form for each child)

Date of Registration: _____
Requested First Day of Attendance: _____

I hereby apply for enrollment of my child to The Benjamin Preparatory School of Academic and Performing Arts.

CHILD INFORMATION

Child's Name: _____ **Nickname:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Birth Date: _____ **Sex:** Male Female **Age:** _____

PARENT/GUARDIAN INFORMATION

Subdivision: _____

Mother's Full Name: _____ **Marital Status:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone: _____ **License #:** _____ **Work Hours:** _____

Employer: _____ **Work Phone:** _____ **Cell Phone:** _____

Employer's Address: _____ **Email Address:** _____

Subdivision: _____

Father's Full Name: _____ **Marital Status:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone: _____ **License #:** _____ **Work Hours:** _____

Employer: _____ **Work Phone:** _____ **Cell Phone:** _____

Employer's Address: _____ **Email Address:** _____

PAYMENT INFORMATION

Non-refundable \$75 application fee. Prior to your child's attendance at The Benjamin Preparatory School, all enrollment information must be completed, signed and returned to the school office along with your child's fee.

Cash / Money Order / Check / CCard _____ **CCard Number** _____

Signature of Parent/Guardian _____ **Date** _____