



2019 - 2020

Elementary Registration Form

(Form must be completed in full)

Student Information

Name _____ M _____ F _____ Birth Date _____ / _____ / _____
Address _____ City _____ State _____ Zip _____
Priority Phone Number _____ **We are new to Benchmark.**

Place an x in box

Grade Level Entering

_____ Kindergarten All Day 8:00-3:00 Morning Only 8:00-10:30 **(Circle One)**
_____ First Grade _____ Second Grade _____ Third Grade
_____ Fourth Grade _____ Fifth Grade _____ Sixth Grade

Family Information

Mother's Name _____ e-mail _____
Address _____ City _____ State & Zip _____
Work # () _____ Cell # () _____ Home # () _____
Employer _____

Father's Name _____ e-mail _____
Address _____ City _____ State & Zip _____
Work # () _____ Cell # () _____ Home# () _____
Employer _____

Other Siblings (living in your household):
Name _____ Age _____ Relationship to student _____
Name _____ Age _____ Relationship to student _____

How did you hear about Benchmark School ? _____

Have you toured Benchmark School ? YES NO

What school did your child attend last year? _____

Does your child require special education services? _____

Does your child require any physical accommodations? _____

Parent/Guardian Signature _____

————— *For Office Use Only* —————

Date Received _____ / _____ / _____ Extra Curricular Fees: Cash/Check _____ Amt. _____