St. Benedict School
18015-93 Avenue NW
Edmonton, AB
T5T 1X5
T. 780-487-2733
F: 780-481-3159

STB Hockey Academy New Student Application Form 2025-2026

Name: _____ Male _____ Female _____

Address: _____

Parent/Guardian Daytime Phone: _____

School Presently Attending: _____

Grade for 2025-2026: _____

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Student Document Checklist

To assist us in considering your child's registration, the following documentation is required:

_____ Most recent report card with attendance

_____ Baptismal Certificate (of student or parent with whom the student resides) *if applicable

_____ Birth Certificate

_____ ECSD Registration Form has been completed on-line at https://www.ecsd.net/register

OR

_____ Student is currently enrolled in Edmonton Catholic School Division

www.stbenedict.ecsd.net
Twitter: @bulldoghockeyac

Instagram: @stbenbulldogs_ecsd

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For Hockey Academy:

_____ Age level and tier of hockey played for Winter 2024-2025 if applicable

☐ SKATER ☐ GOALIE

_____ Academy Contract

_____ Academy Code of Conduct and Expectations Agreement

_____ New Student Application Form

If you would like an opportunity to attend an Academy Shadow Skate, please check below.

The Hockey Director will contact you to set up a time.

_____ Academy Shadow Skate requested

We may request an interview with the parent/guardian and student before acceptance into the STB Hockey Academy.

***Entrance to STB Hockey Academy is dependent on the applicant's ability to demonstrate that he/she can meet the demands of a rigorous program that also includes the requirements of Code of Conduct. The completion of all documents does not guarantee acceptance into the STB Hockey Academy.**

Acceptance into the STB Hockey Academy will not be confirmed until the application is approved by the school's principal and academy director. Accepted applicants will be notified by phone or email.

Parent/Guardian Signature: _____

Date: _____

Office Use Only:
Received:
Date:
Time:
Transportation Required:

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