



**ST. PETER SCHOOL**  
**NEW STUDENT - APPLICATION FOR ENROLLMENT**  
**2018-2019**

Student's Name \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_  
Last First Middle

Sex: M F Race \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade Entering \_\_\_\_\_  
Month, Day, Year

School last attended \_\_\_\_\_ Last Enrolled Grade \_\_\_\_\_

Father's Name \_\_\_\_\_  
Last First Middle

Mother's Name \_\_\_\_\_  
Last First Middle Maiden

Father's Mailing Address \_\_\_\_\_  
Street & Number P. O. Box City Zip Code

Mother's Mailing Address (if different) \_\_\_\_\_  
Street & Number P. O. Box City Zip Code

Home Phone \_\_\_\_\_ Mother's Work # \_\_\_\_\_ Father's Work # \_\_\_\_\_

Mother's Cell # \_\_\_\_\_ Father's Cell # \_\_\_\_\_

Parent's Email Address: \_\_\_\_\_

Mother's Employer \_\_\_\_\_

Father's Employer \_\_\_\_\_

Religion \_\_\_\_\_ Date of Sacraments Received: Baptism \_\_\_\_\_

Eucharist \_\_\_\_\_ Reconciliation \_\_\_\_\_ Confirmation \_\_\_\_\_

Church Parish in which you live \_\_\_\_\_

Church Parish where you attend \_\_\_\_\_

**THE CHURCH WILL PROVIDE A LIST OF THOSE ELIGIBLE FOR PARISH SUPPORT.**

If parents are not living together, who does the child reside with \_\_\_\_\_  
**Do you have custody papers? If yes, please provide the office with a copy immediately.**

(PLEASE TURN OVER AND COMPLETE THE OTHER SIDE)

If you answer “yes” to any of the following, please explain below.

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| Has the student previously applied/enrolled at St. Peter School?     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Has the student ever been placed on probation at any school?         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Has the student ever been expelled or suspended from any school?     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Has the student ever participated in a remedial or resource program? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Has the student ever had an educational evaluation?                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
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Note: This application cannot be processed without the following documents.

- Please attach the following documents:
- transcript and standardized test results (if applicable)
  - current year report card (if applicable)
  - birth certificate
  - baptismal certificate and first communion certificate (if applicable)
  - social security card
  - child custody documents (if applicable)
  - immunizations record

Application Checklist

- Have you answered all the questions on this application?
- Have you attached the necessary documents?

Parent’s Signature \_\_\_\_\_ Date \_\_\_\_\_

*St. Peter School employs personnel and admits students of any race, color, nationality, or ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students and personnel at the school. It does not discriminate on the basis of race, color, any national or ethnic origin in the administration of its educational policies, admissions policies, athletics, or any other school administered program.*



# ST. PETER SCHOOL FINANCIAL RECORD FORM

Family Name \_\_\_\_\_

Person responsible for tuition payments \_\_\_\_\_

Mailing address \_\_\_\_\_ Phone # \_\_\_\_\_

Students returning

Grade Entering

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

New students entering

Grade Entering

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Church Parish in which you live \_\_\_\_\_

Church Parish you support \_\_\_\_\_

Payment plan: \*\* Full payment \$ \_\_\_\_\_ 12 payments \$ \_\_\_\_\_

**\*\* (5% discount if paid in full before June 1, 2018. The 5% discount also applies to new families registering after the June 1st deadline and paying in full at the time of registration.)**

For Office Use Only

CUSTODY PAPERS RECEIVED (Yes/No) circle one

Parish Affiliation Voucher \_\_\_\_\_

Immunization Records Complete \_\_\_\_\_ Incomplete \_\_\_\_\_

Registration fee \_\_\_\_\_ Date Paid \_\_\_\_\_ Non Parish Fee \_\_\_\_\_