

SAINT PETER SCHOOL APPLICATION FOR REGISTRATION FOR 2023-2024

STUDENT INFORMATION

Date Rec'd. _____

NAME _____ (Last) (First) (Middle) Boy ___ Girl ___

ADDRESS _____ PHONE #. _____
Street City Zip

DATE OF BIRTH _____ PLACE OF BIRTH _____ CERTIFICATE # _____

RACE/ETHNICITY _____

PARISH / CHURCH _____

FAMILY INFORMATION

PARENTS: ___ MARRIED ___ SEPARATED ___ DIVORCED ___ UNMARRIED

FATHER'S NAME _____ (Last) (First) (Middle) Living Deceased ___

FATHER'S ADDRESS _____ PHONE # _____

RELIGION _____ OCCUPATION _____

PLACE OF EMPLOYMENT _____ WORK PHONE# _____

CELL PHONE # _____ E-MAIL ADDRESS _____

MOTHER'S NAME _____ (Last) (First) (Middle) Living Deceased ___

MOTHER'S ADDRESS _____ PHONE # _____

RELIGION _____ OCCUPATION _____

PLACE OF EMPLOYMENT _____ WORK PHONE# _____

CELL PHONE # _____ E-MAIL ADDRESS: _____

SIBLINGS (Names and Ages and/or Birthdates)

LEGAL GUARDIAN OTHER THAN PARENT _____

Copy of any Custodial Agreement must be provided to St. Peter School.

EMERGENCY NOTIFICATION In case of emergency when a parent cannot be reached please notify:

NAME _____ PHONE _____

ADDRESS _____

RELATIONSHIP TO STUDENT _____

(Please complete other side)

SCHOOL INFORMATION

School District in which you reside _____

OTHER SCHOOLS ATTENDED _____ DATE OF ADMISSION _____ DATE OF WITHDRAWAL _____

Date of Entry to St. Peter School _____ Entering into Grade Level _____

Current School Student is Attending: _____ in _____ School District.

(Kindergarten Only) Pre-School ___ Yes ___ No If Yes, Name of Pre-School Program _____

TRANSPORTATION

How will your child be coming to school? Will they be walking, riding in a car, riding a school van, or a school bus?

How will your child be going home from school? Will they be walking, riding in a car, riding a school van, or a school bus?

SACRAMENTS (If not baptized at St. Peter's, please provide a copy of Baptismal Certificate)

	BAPTISM	FIRST HOLY COMMUNION	CONFIRMATION
DATE			
CHURCH			
CITY			
STATE			

Other Student Information? (severe allergies/asthma or medical condition requiring medication or specific medical attention)

St. Peter School uses the School Messenger automated calling system for school cancellations, delays and other announcements. Please provide **UP TO 3** phone numbers you would like on the call list for these announcements – Be sure to include area code **ONLY** if necessary. Please note we cannot call work numbers unless it rings to the parent directly at all times. You only have to provide the numbers you wish to be called.

Home # _____ Primary Email _____

Other # _____ to whom? _____

Other # _____ to whom? _____

\$25 Registration Fee Pd. _____