SAINT PETER SCHOOL APPLICATION FOR REGISTRATION FOR 2023-2024

STUDENT INFORMATION			Date Rec	'd	
NAME				Boy	_ Girl
(Last)	(First)	(Middle)			
ADDRESSStreet	C:t	Zip	PHONE #		
DATE OF BIRTH	PLACE OF BIRTH		_CERTIFICATE	E#	
RACE/ETHNICITY			20 to 24 C	- AUVIN	
PARISH / CHURCH	Constant Programme Constant Co		47 1 3-	in consists o	
FAMILY INFORMATION					
PARENTS: MARRII	ED SEPARATED	DIVORCED	UNMA	RRIED	
FATHER'S NAME				Living Deceas	_
FATHER'S NAME (Las		(Middle			
FATHER'S ADDRESS	ida grin e se l'Est godi	PHONE #		ar Militan	
RELIGION	OCCUPATION				
PLACE OF EMPLOYMENT		WORK PHONE	#		
CELL PHONE #		E-MAIL ADDRESS			
MOTHER'S NAME				Living	
(Las	st) (First)	(Middle)			_
MOTHER'S ADDRESS		PHONE #	· · · · · · · · · · · · · · · · · · ·		LIKUT
RELIGION	OCCUPATION				11
PLACE OF EMPLOYMENT		_ WORK PHONE#			914
CELL PHONE #		_ E-MAIL ADDRESS:			
SIBLINGS (Names and Ages ar	nd/or Birthdates)				
LEGAL GUARDIAN OTHER TI Copy of	HAN PARENT_ any Custodial Agreement m	ust be provided to Si	t. Peter School	1.	
EMERGENCY NOTIFICAT	ΓΙΟΝ In case of emergency ν	when a parent cannot be	reached please	notify:	
NAME	Tana da Tana da	PHONE			- 17
				1 + 7 - 10	
RELATIONSHIP TO STUDENT					

(Please complete other side)

Jeneor District in which you reside			ADEL STORY OF THE STORY	
OTHER SCHOOLS ATTENDED	DAT	TE OF ADMISSION D	DATE OF WITHDRAWAL	
	(all)	(66)	(%.1)	
9.590	3/19		arann	
Date of Entry to St. Peter School		Entering into Grade Level		
Current School Student is Attending:		in	School Distric	
(Kindergarten Only) Pre-School	Yes No If Ye	s, Name of Pre-School Program	SCHOOL ST HARFO	
TRANSPORTATION				
How will your child be coming to so	chool? Will they be w	alking, riding in a car, riding a school van	, or a school bus?	
966 C 100			<u> </u>	
How will your child be going home	from school? Will the	ey be walking, riding in a car, riding a sch	ool van, or a school bus?	
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SACRAMENTS (If not	baptized at St. Petc	er's, please provide a copy of Bapt	ismal Certificate)	
SACRAMENTS (If not	baptized at St. Pete	er's, please provide a copy of Bapt	10.000000000000000000000000000000000000	
SACRAMENTS (If not DATE	NEISOS -	14.14.16	10.000000000000000000000000000000000000	
	NEISOS -	14.14.16	10.000000000000000000000000000000000000	
DATE	NEISOS -	14.14.16	100000000000000000000000000000000000000	
DATE CHURCH	NEISOS -	14.14.16	100000000000000000000000000000000000000	
DATE CHURCH CITY STATE	BAPTISM	FIRST HOLY COMMUNION	CONFIRMATION	
DATE CHURCH CITY STATE	BAPTISM	14.14.16	CONFIRMATION	
DATE CHURCH CITY STATE	BAPTISM	FIRST HOLY COMMUNION	CONFIRMATION	
DATE CHURCH CITY STATE Other Student Information? (severe) St. Peter School uses the School Me Please provide UP TO 3 phone nur if necessary. Please note we canno	BAPTISM e allergies/asthma or researches automated calmbers you would like or	FIRST HOLY COMMUNION	or specific medical attention) ys and other announcements. Be sure to include area code ON	
DATE CHURCH CITY STATE Other Student Information? (severe) St. Peter School uses the School Mc Please provide UP TO 3 phone nur if necessary. Please note we canno numbers you wish to be called.	e allergies/asthma or neessenger automated calmbers you would like of t call work numbers un	redical condition requiring medication lling system for school cancellations, delayon the call list for these announcements – I	or specific medical attention) ys and other announcements. Be sure to include area code ONlines. You only have to provide the	
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