



**Saints Peter and Paul School
NEW STUDENT REGISTRATION
2014-2015**

Student's Name _____
(First) (Middle) (Last)

Date of Birth: _____ Country of Birth: _____

Address: _____

City/State: _____ Zip Code: _____

Preferred Email: _____

I give Saints Peter and Paul School permission to publish this email address in the School Directory

*Only 1 email address per family will be published.

School District in which child resides: _____

Sacraments:

Baptism: Church: _____ City: _____ Date: _____

Reconciliation: Church: _____ City: _____ Date: _____

Eucharist: Church: _____ City: _____ Date: _____

Confirmation: Church: _____ City: _____ Date: _____

Educational Experience:

Current School: _____ Current Grade _____

Student seeks to enroll in grade _____ for the 2014-2015 academic year at Saints Peter and Paul School.

*PreK students must indicate:

PreK3 2-Day option (T & Th) PreK3 students MUST be 3 years old by 3/1/14.

PreK4 3-Day Program (M, W, F)

PreK4 5-Day Program (M-F)

For the purpose of statistical reports, please check on of the following that best reflects your background:

African American

Latino/Hispanic

Asian American

Native American

Middle Eastern American

Multiracial

Caucasian

International

New Students Must Submit:

- New Student Registration Form
(Siblings who are new in 2014-2015 are considered New Students)
- \$100 New Student Registration Fee
- Smart Tuition Form
- Copy of Baptismal Certificate
- Copy of Birth Certificate

OFFICE USE ONLY

Amount \$ _____

Check # _____

Date Rec. _____

Initialed By _____

(Complete other side)

Parental Information:

Student resides with Both Parents Mother Father Other _____

Parent's Marital Status: Married Separated Divorced Widowed Single

We are registered members of Saints Peter and Paul Parish: Yes No

If Catholic, but not members of SSPP, what is your Parish? _____

Families who are not members of Saints Peter and Paul Parish pay the "Out of Parish" tuition rate.

All families who are members of Saints Peter and Paul Parish receive a tuition contribution from Saints Peter and Paul Church. These families are required to contribute a minimum of \$15 weekly per family to the Sunday Collection (summer included).

Mother's Name: _____
(First) (Middle) (Maiden) (Last)

Mother's Religion: _____ Mother's Country of Birth: _____

Address (if different from child's): _____

Employer's Information: _____
(Employer Name) (Occupation/Title)

Phone _____
(Home) (Cell) (Business)

Father's Name: _____
(First) (Middle) (Last)

Father's Religion: _____ Father's Country of Birth: _____

Address (if different from child's): _____

Employer's Information: _____
(Employer Name) (Occupation/Title)

Phone _____
(Home) (Cell) (Business)

Parent's Signature(s) (Mother) (Father) (Date)

EMERGENCY CONTACT (other than parent/guardian): _____
Contact Number: _____

I give permission for the following person(s) to pick up my child(ren) at dismissal:

Name Number Relationship

ONLY IF APPLICABLE...

Primary physical custodial parent/guardian: _____

Special custodial court instruction: Yes No (If yes, please provide copy)

Please provide stepparent information: _____