



2015-2016 RE-ENROLLMENT FORM

FAMILY NAME: _____

CHILD'S NAME: _____ Date of Birth _____ Grade during 2015-2016 _____

CHILD'S NAME: _____ Date of Birth _____ Grade during 2015-2016 _____

CHILD'S NAME: _____ Date of Birth _____ Grade during 2015-2016 _____

CHILD'S NAME: _____ Date of Birth _____ Grade during 2015-2016 _____

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(ren) reside(s): _____

PARENT INFORMATION

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

Address (if different from child's): _____

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

Phone _____
(Home) (Cell) (Business)

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

Address (if different from child's): _____

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

Phone _____
(Home) (Cell) (Business)

Student(s) resides with: Both Parents Mother Father Other _____

Parent's Marital Status: Married Separated Divorced Widowed Single

If applicable, please provide stepparent information: _____

(Please complete both sides)

EMERGENCY CONTACT (other than parent/guardian): _____

TELEPHONE NUMBER: _____

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

Name	Number	Relationship
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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 \$20 weekly per family to the Sunday Collection (summer included).**

RE-ENROLLMENT FEE

Rec'd by Jan. 23 \$50 fee/child

Rec'd after Jan. 23 \$100 fee/child

OFFICE USE ONLY

of students to re-enroll _____

Amount \$ _____

Check # _____

Date Rec. _____

Initialed By _____

(Siblings who are new in 2015-2016 are considered **New Students**)

New Students Must Submit:

- New Student Registration Form (available online & in the Main Office)
- \$100 New Student Registration Fee
- Copy of Baptismal Certificate
- Copy of Birth Certificate

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

ADVANCEMENT OFFICE INFORMATION

Please print your name as you would like to be addressed on school mailings:

So that we may invite your child's grandparents to school events, please write their names and addresses here:

Are there additional names and addresses you would like added to the school mailing list?

(Name) (Address)

(Email) (Relationship)

Please note your talents, hobbies or resources at home or at work that you would share with Saints Peter and Paul School. _____