



## 2016-2017 RE-ENROLLMENT CONTRACT

FAMILY NAME: \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade during 2016-2017 \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade during 2016-2017 \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade during 2016-2017 \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade during 2016-2017 \_\_\_\_\_

NEW SIBLING NAME: \* \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade during 2016-2017 \_\_\_\_\_

\*Siblings who are new in 2016-17 are considered New Students. Enrollment fee is \$100 and please attach a copy of Birth and Baptismal certificates. Additional paperwork will be forwarded to you.

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: \_\_\_\_\_

