Enrollment Application

Please complete both sides of this application in its entirety for your child to be considered for enrollment at St. Peter School. If your child is accepted, you will be contacted by the school office with information on next steps. If a class is full, you will be notified of your child's placement on a waiting list.

Child's Name:			Grade):
Last	First	M.I.		
Nickname:				
Address:				
		City		Zip
Phone:	SSN:			
Preferred Email:				
Date of Birth:	Gender:	Child's Religion:		
Ethnicity:	Place of Bi	rth:		
		Hospital		City
Did your child attend preschool?_	If yes, where?			
Was your child on an IEP?	If yes, please explain:_			
Baptism:				
Church	City	Month	Day	Year
Church Affiliation:				
School District You Reside In:				
Father's Name:	Reli	gion:		
Work Place:	Pho	ne:		

Mother's Name:	Religion:
Work Place:	Phone:
Parent Marital Status (check one):Sing Child/Children live with: Mother	gleMarriedDivorcedSeparated Father Both
(If divorced/separated–School will nee	
Other Children in the Family:	
	Grade:
	Grade:
	Grade:
In the space below, please share why you have	e chosen St. Peter School for your child.
What should we know about your child that w	vould help us to better serve his/her growth?
What do you hope to receive from becoming	a part of the St. Peter Catholic School family?