

# St. Peter Catholic School

## Family Registration Form 2023-2024



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### FAMILY INFORMATION – Please complete ALL information

**Father:** \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 City/ST/Zip: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Father E-Mail: \_\_\_\_\_ Home Parish: \_\_\_\_\_  
 Religion: \_\_\_\_\_ Employer: \_\_\_\_\_  
 Public School District of Residence: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Father's Marital Status (circle): Married Single Divorced Separated Widowed Guardian/Ward

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**Mother:** \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 City/ST/Zip: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Mother E-Mail: \_\_\_\_\_ Home Parish: \_\_\_\_\_  
 Mother's Maiden Name: \_\_\_\_\_ Religion: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Public School District of Residence: \_\_\_\_\_  
 Mother's Marital Status (circle): Married Single Divorced Separated Widowed Guardian/Ward

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**ADDITIONAL FAMILY INFORMATION – Please list first names and ages of all children in family:** \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_

**Communication is very important to us. Please provide up to three emails to be used for communication (keynotes, email etc.)**

\_\_\_\_\_

### PARENT/GUARDIAN SIGNATURES

Parent(s)/Guardian(s): I/We agree to assume responsibility for all tuition, fees, books, and other expenses of the student(s) while attending St. Peter Catholic School. This agreement will be in effect for each semester the student(s) is/are enrolled. I/We also give permission to St. Peter Catholic School to request and receive all pertinent records from my/our children's current school. On applications where only one signature of a parent/guardian is provided, St. Peter Catholic School will assume this parent/guardian will be solely responsible for tuition and other expenses.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ Print Name \_\_\_\_\_

**Registration Fee: \$50 per student 3K – 5<sup>th</sup> grade.**

Please return this form and the non-refundable registration fee to the school office by March 1, 2023, for current enrolled students. Registrations for current enrolled students received after March 1, 2023, will be charged an additional \$20 per child late registration fee.

### For Office Use Only

Registration Fee(s) \$ \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_ Date Received \_\_\_\_\_ Received by: \_\_\_\_\_

**2023 – 2024 STUDENT INFORMATION – Please complete ALL information for each child you are registering.**

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Last Name (legal): \_\_\_\_\_ First Name (legal): \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Gender: Male \_\_\_ Female \_\_\_ Birth Date (mm/dd/yy): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Religion: \_\_\_\_\_

Student lives with: Father \_\_\_ Mother \_\_\_ Both \_\_\_ Other: \_\_\_\_\_ Current Public School District: \_\_\_\_\_

Does this student have any special educational needs? Yes / No If Yes, specify: \_\_\_\_\_

Last School: \_\_\_\_\_ Ethnic background: African-American American-Indian Asian Caucasian Hispanic Other

(Circle One Option)

3K – half day (M-F)	3K – all day (M-F)	4K – half day (M-F)	4K – all day (M-F)
3K – half day (MWF)	3K – all day (MWF)	4K – half day (MWF)	4K – all day (MWF)
3K – half day (TTh)	3K – all day (TTh)	4K – half day (TTh)	4K – all day (TTh)
All Day Grades: 5K	1 2 3 4 5		

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Last Name (legal): \_\_\_\_\_ First Name (legal): \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Gender: Male \_\_\_ Female \_\_\_ Birth Date (mm/dd/yy): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Religion: \_\_\_\_\_

Student lives with: Father \_\_\_ Mother \_\_\_ Both \_\_\_ Other: \_\_\_\_\_ Current Public School District: \_\_\_\_\_

Does this student have any special educational needs? Yes / No If Yes, specify: \_\_\_\_\_

Last School: \_\_\_\_\_ Ethnic background: African-American American-Indian Asian Caucasian Hispanic Other

(Circle One Option)

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3K – half day (MWF)	3K – all day (MWF)	4K – half day (MWF)	4K – all day (MWF)
3K – half day (TTh)	3K – all day (TTh)	4K – half day (TTh)	4K – all day (TTh)
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Gender: Male \_\_\_ Female \_\_\_ Birth Date (mm/dd/yy): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Religion: \_\_\_\_\_

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Gender: Male \_\_\_ Female \_\_\_ Birth Date (mm/dd/yy): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Religion: \_\_\_\_\_

Student lives with: Father \_\_\_ Mother \_\_\_ Both \_\_\_ Other: \_\_\_\_\_ Current Public School District: \_\_\_\_\_

Does this student have any special educational needs? Yes / No If Yes, specify: \_\_\_\_\_

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All Day Grades: 5K	1 2 3 4 5		