

## Saints Peter and Paul School NEW STUDENT REGISTRATION 2015-2016

Student's Name					
(First) Date of Birth:		(Middle) Country of Birth:	(Last)		
Address:					
City/State:		Zip	Zip Code:		
□ I give Saints Pete	r and Paul School permission ess per family will be published	to publish this email address in	the School Directory		
School District in v Sacraments:	which child resides:				
Baptism:	Church:	City:	Date:		
<b>Reconciliation:</b>	Church:	City:	Date: Date:		
Eucharist:	Church:	City:	Date:		
Confirmation:	Church:	City:	Date:		
Student seeks to en *PreK students mus	roll in gradefor t st indicate: ion ( T & Th) PreK3 students	the 2015-2016 academic year at MUST be 3 years old by 3/1/1 □ PreK4 5-Day Prc	5.		
For the purpose of African American Middle Eastern An	🗖 Latino/Hispanic	one of the following that best Asian American Caucasian	□ Native American		
<ul> <li>(Siblings where \$100 New \$</li> <li>Smart Tuiti</li> <li>Copy of Bay</li> <li>Copy of Bir</li> </ul>	nt Registration Form no are new in 2015-2016 are co Student Registration Fee (non-1		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: $\Box$ Yes $\Box$ 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).

Mother's Name:								
	(First)	(Middle)	(Maiden)	(Last)				
Mother's Religion:	other's Religion:Mother's Country of Birth:							
Address (if different fr	om child's):							
Phone	(Employer Nam	e)	(Occupation/Title)					
(Home)		(Cell)		(Business)				
Father's Name:								
	(First)	(Middle)		(Last)				
Father's Religion:	Father's Country of Birth:							
Address (if different fr	om child's):							
Employer's Informatio	n:							
	(Employer Nam	le)	(O	ccupation/Title)				
Phone(Home) Have parents/guardiar		(Cell) vania for the last 2 years:	$\Box \gamma_{es}$	(Business) □No				
Parent's Signature(s)	(Mother)	(Father)		(Date)				
EMERGENCY CONT Contact Number:		parent/guardian):						
I give permission for th	ne following persor	n(s) to pick up my child(re	en) at dismissal:					
Name ONLY IF APPLICAB Primary physical custor		Number	Rela	itionship				
Special custodial court Please provide steppare	instruction: $\Box$		( If yes, please provide co	py)				