

St. Peter the Apostle Catholic School

Registration

2017-2018 School Year

Student's Full Name _____ Entering Grade _____

Male _____ Female _____ Date of Birth _____ Birthplace _____

Family Name _____ (If different than student's)

Address _____ email _____

City/Zip _____ Home# _____

Dad's Cell #: _____ Mom's Cell #: _____

Ethnic background (Check One): Hispanic _____ Non-Hispanic: _____

(The U.S. Census Bureau collects only one distinct category of ethnicity and that is Hispanic/Latino. While there are many Hispanic groups that could be included – for example, Cuban, Mexican, Puerto Rican, and other cultures – the National Catholic Education Association only requests the general ethnicity of Hispanic.)

Racial background:

(Hispanics could be from a number of races. Race information is collected separately. **Please circle below.**)

American Indian / Native Alaskan

Native Hawaiian / Pacific Islander

Asian

White

Black / African American

Two or More races

Public School District _____

Name of the last school student(s) attended (if different than SPS) _____

Parent or Guardian Information:

Parents: Married ___ Separated ___ Divorced ___ Guardian's Relationship _____

Student lives with *(please include name(s) and relationship(s) of everyone in the household-including siblings):*

(OVER)

Non-custodial parents (if applicable) _____ Home#: _____

Address _____ City _____ State _____ Zip _____

Visitation restrictions and any court documentation pertaining to restrictions must be on file in the school office.

Please complete for each parent

Father's Name _____ Mother's Name _____

Occupation _____ Occupation _____

Employer _____ Employer _____

Work # _____ Cell # _____ Work # _____ Cell # _____

Please complete for each custodial step-parent (if applicable)

Step-father's Name _____ Step-mother's Name _____

Occupation _____ Occupation _____

Employer _____ Employer _____

Work # _____ Cell # _____ Work # _____ Cell # _____

Parish/Church Information

Student is baptized Catholic? Yes _____ No _____

Family is a member of _____ Parish/Church

Address _____ City _____ State _____ Zip _____

Check here { } if you do not want information printed in the school directory.

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND COMPLETE.

SIGNED: _____ DATE: _____

***** Please be aware that acceptance is based upon entrance testing and availability in classes. *****