

Date: _____

PreK Grade: _____



SAINT PETER SCHOOL

PREK-8TH GRADE ELEMENTARY | ESTABLISHED 1927

www.stpeterschool.org

2012-2013 PRE-K REGISTRATION FORM

Student Name: _____
Last First Middle

Address: _____ Home Telephone: _____
Town Zip

Date of Birth: _____ Place of Birth: _____

Religion: _____ Present Parish: _____

Parent/Guardian Name: _____
Last First Title Relationship to Student

Address: (If different from student) _____

Employer: _____ Position/Job Title: _____

Work Phone #: _____ Cell Phone #: _____

E-mail: _____ St. Peter School Alumni: yes no Year: _____

Name at Graduation: _____

Parent/Guardian Name: _____
Last First Title Relationship to Student

Address: (If different from student) _____

Employer: _____ Position/Job Title: _____

Work Phone #: _____ Cell Phone #: _____

E-mail: _____ St. Peter School Alumni: yes no Year: _____

Name at Graduation: _____

Child Resides With: Both Parents Father Mother Other

If Other: Full Name _____ Relationship _____

Siblings:

Name

Date of Birth

School (if applicable)

