

Date: _____



SAINT PETER SCHOOL

PREK-8TH GRADE ELEMENTARY | ESTABLISHED 1927

2019-2020 APPLICATION

YOUNGER STUDENTS NOT CURRENTLY ENROLLED

Student Name: _____ Grade in September 2019: _____

Date of Birth: _____ Place of Birth: _____ Race/Ethnicity: _____
City and State (Optional)

If you are applying for PreK, please indicate the type of program you are interested in:

- PreK 3 3 days a week, half day program 5 days a week, full day program
 Tuesday, Wednesday, Thursday Monday through Friday
 8:00 – 11:30 am 8:00 – 2:30 pm
- PreK 4 5 days a week, half day program 5 days a week, full day program
 Monday through Friday Monday through Friday
 8:00 – 11:30 am 8:00 – 2:30 pm

FOR PRE-SCHOOL PARENTS:

All children entering our pre-school program must be potty-trained. Please sign below:
I agree that my child is fully toilet independent:

Name	Signature	Date
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If your child is entering Kindergarten, did he/she attend a pre-school program? yes no

Name of pre-school: _____ Number of days per week: _____

Sacramental Information: (where applicable)

	Date	Church Name	City	State
Baptism				

Why do you wish to enroll your child in St. Peter School?

Does your child require any special services or have any special needs? yes no

If so, please explain: _____

All new students must also provide the following:

- * Birth Certificate * Baptismal Certificate (if applicable) * Immunization Record
- * \$100 Registration Fee (non-refundable)

Thank you for choosing St. Peter School!