

STUDENT ENROLLMENT FORM

Child Information			
Child's Name		Preferred Name:	
Date of Birth:	Place of Birth:	Gender:	
		Male	Female
Grade for 2023-2024:		School Last Attended:	
Home Address:			
Child's Faith:			Baptized: Yes No
Student lives with (circle one)			
Both Parents	Mother	Father	Legal Guardian/Other

Parent Information		
Father's Full Name:		Father's Employer:
Cell Phone:	Work Phone:	Home Phone:
Home Address:		
Email Address:		
Mother's Full Name:		Mother's Employer:
Cell Phone:	Work Phone:	Home Phone:
Home Address:		
Email Address:		

Siblings	
Name:	Age:
Name:	Age:
Name:	Age:
Name:	Age:

Emergency Contact Information – Persons to contact in case of an emergency if you cannot be reached.		
Name:	Phone Number:	Relationship:
Name:	Phone Number:	Relationship:
Name:	Phone Number:	Relationship:

Questions		
1. Does anyone, besides you, have permission to pick up your child from school? Please list individuals.	Yes	No
2. Does your child have any physical limitations, allergies, or other medical conditions which school personnel should know about? If so, please list	Yes	No
3. Does your child take any type of medication on a regular basis? If yes, please describe medication, even if it is not taken during school hours. In case of a medical emergency, we may need this information.	Yes	No
4. I give my permission for St. Peter Catholic School to use my child's photograph in promotion of the school either in social media, newspapers, brochures, or newsletters.	Yes	No
5. Optional - Ethnic background with which your family identifies:		
6. School Apparel Sizing (circle sizes): Sweatshirts for New Students Youth / Adult	XS, S, M, L	
<i>Note: Other spirit apparel available for order!</i>		

Parent Signature

Date