

STUDENT ENROLLMENT FORM

Child Information			
Child's Name		Preferred Name:	
Date of Birth:	Place of Birth:	Gender:	
		Male Female	
Grade for 2026-2027:		School Last Attended:	
Home Address:			
Child's Faith:			Baptized: Yes No
Ethnicity (Optional): <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		Race (Optional – Select all that apply): <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	
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:

Emergency Contact Information – Persons to contact in case of an emergency if you cannot be reached.		
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. 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, school website or newsletters.	Yes	No
4. Does your child have any dietary restrictions? If so, please list below...	Yes	No

Medication Administration I

Yes No

I give permission for the school to administer over the counter medication to my child when needed.

Parent/Guardian Initials: _____

**Please list any allergies or restrictions related to these medications:

**Children's Tylenol
(acetaminophen)**

Yes No

**Children's Ibuprofen
(Motrin)**

Yes No

**Children's Benadryl
(allergy)**

Yes No

**Topical Antibiotic
(neosporin)**

Yes No

Medication Administration II

My child does not require medication at school.

My child may require medication during the school day. I understand that:

- A completed Medication Authorization Form is required
- Medication must be provided by a parent/guardian (ex: Prescription medications)
- All medications must be properly labeled and administered according to school policy

Emergency Medications (if applicable):

Inhaler

EpiPen

Other: _____

I authorize school personnel to administer medication to my child as prescribed and in accordance with school policy.

Parent/Guardian Signature: _____

Date: _____