

ST. PETER'S SCHOOL REGISTRATION **2018-2019**

\$30.00 Registration fee due upon registration. **(\$50.00 if registering late)**

STUDENT(S) – FULL NAME

If there are additional students, please fill out on a separate sheet and attach

Last Name _____ First _____ Middle _____ Grade _____ D.O.B. _____
Last Name _____ First _____ Middle _____ Grade _____ D.O.B. _____
Last Name _____ First _____ Middle _____ Grade _____ D.O.B. _____
Last Name _____ First _____ Middle _____ Grade _____ D.O.B. _____

Physical Address _____ P.O. Box _____ Phone _____

City _____ State _____ Zip _____

What church do you belong to _____ Religion _____

Students' Ethnic Background(optional) _____

PARENT(S) / GUARDIAN Child(ren) Lives with _____

Father's Full Name _____

Place of Employment _____

Phone: Home _____ Cell: _____ Work _____

Email address _____

Mother's Full Name _____

Place of Employment _____

Phone: Home _____ Cell: _____ Work: _____

Email address: _____

Any Medical Information that we should be aware:(ex. Allergies, medications etc.) _____

In the event of an emergency when I/we, the undersigned parent(s) or guardian(s) cannot be contacted, I/we authorize the school to act as our agent, to consent to medical diagnosis and or treatment deemed advisable by a licensed physician of the following medical facility: _____

IF THERE IS AN EMERGENCY OR ILLNESS, AND PARENTS CANNOT BE REACHED, THE PERSON(S) LISTED BELOW ARE GENERALLY AVAILABLE AND MAY BE CONTACTED:

CONTACT PERSON #1

Name _____

Relationship to Student _____

Phone _____

CONTACT PERSON #2

Name _____

Relationship to Student _____

Phone _____

ST. PETER'S SCHOOL EARLY DISMISSAL PLAN

In the event of an early school closing, my child will go: _____

***All previous year's tuition should be paid in full before the start of the following year.

FINANCIAL AID IS AVAILABLE! If you need financial assistance, please contact

Mrs. Fishel at stpeter@acegroup.cc

Thank you.

Parent's or Guardian's Signature: _____ Date: _____