

ST. PETER SCHOOL REGISTRATION
Preschool – 8th Grade
2017-2018

OFFICE USE ONLY
Amount _____
Check # _____
Date _____

Family Name _____

Name of Student Grade Entering Date of Birth Gender (M/F)

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If kindergarten, please check
 Full Day ½ day

If registering for kindergarten,
student must be 5 years old by
September 1st.

Parent's Names _____ Parishioner _____ Non-parishioner _____

Address _____ City _____ State _____ Zip _____

Home Phone # _____ Mother's Cell # _____ Father's Cell # _____

Mother's E-mail _____ Father's E-mail _____

Religion _____ My child has received **Penance** Y/N **First Communion** Y/N

Present School (if transferring) _____ Public School your child would attend _____

SPECIAL NEEDS

HAS YOUR CHILD BEEN ATTENDING SPECIAL EDUCATION OR OTHER SERVICES? Y/N _____

DOES YOUR CHILD HAVE SPECIAL NEEDS/PROBLEMS OF WHICH THE SCHOOL SHOULD BE AWARE? Y/N
IF YES, PLEASE EXPLAIN _____

PLEASE DESCRIBE ANY SPECIAL CIRCUMSTANCES THAT RELATE TO THE CHILD'S HOME/SCHOOL SITUATION ON THE BACK OF THIS FORM.

As a parent/guardian of a student attending St. Peter School, I agree to the following 2017-2018 school year policies:

- I will attend Mass on Sundays and Holy Days of obligation and participate financially in parish stewardship.
- I agree to pay tuition in full by August 1, 2017 by cash/check or agree to arrange for monthly billing through the SMART Tuition payment program. I understand that our first payment to SMART is due by August 1, 2017. I agree that I am responsible for the SMART registration fee. If I should fall behind in payments, I will contact the school principal to develop a written plan to be caught up in payments. If I am not current in tuition or have a written plan, I understand I will not be able to register for the following year per the school tuition policy.
- I agree to pay a non-refundable registration fee of \$150 per full time student at the time of registration.
- I agree to pay a material/technology fee per child in accordance with my agreed-upon tuition payment schedule.
- I understand that a copy of my child's birth and baptismal certificates are required at registration for all new students. Other health forms must be completed as well, prior to the first day of school.

Attached is our non-refundable registration fee of:

\$150 per student x # of students _____ = \$ _____

Optionally, please accept my donation to the Guardian Angel Tuition Assistance Fund to help other students attend St. Peter School. I understand this donation will be used to help families that may, from time-to-time, find it difficult to fulfill their monthly tuition obligation.
\$ _____

Signature: _____ **Date:** _____