

**ST. PETER SCHOOL REGISTRATION  
2010-2011**

OFFICE USE ONLY
Amount _____
Check # _____
Date _____

Family Name \_\_\_\_\_

Please do not include preschool on this form.

<u>Name of Student</u>	<u>Grade Entering</u>	<u>Date of Birth</u>	<u>Gender</u>	<u>Race/Ethnicity (see attachment)</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If kindergarten, please check Full Day  ½ day (p.m.)

Parents' Names \_\_\_\_\_ Parish \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

E-mail \_\_\_\_\_

Present School (if transferring) \_\_\_\_\_

**A COPY OF BIRTH AND BAPTISMAL CERTIFICATES ARE REQUIRED AT REGISTRATION FOR ALL NEW STUDENTS.**

**A HEALTH FORM IS REQUIRED FOR GRADES K & 6 AND IS DUE NO LATER THAN AUGUST 1<sup>st</sup>.**

**REGISTRATION/BOOK FEES (non-refundable) due at time of registration.**

\$250 **per child** Full Day Kindergarten & Grades 1-8

\$225 **per child** ½ day Kindergarten

**Tuition Payment Options** (please check one)

**I will pay in full by August 1.** (A bill will be sent in July.)

I will pay using the SMART Tuition Management Plan. I understand there is a \$42 fee to use this program. I will use the 12-month plan: July 1-June 30 **or** the 10 month plan: July 1-April 30 (please circle one)

St. Peter School adheres to a non-discriminatory policy regarding admissions. Admissions policy #5117 (on back) will determine order of admission. In signing this registration form, my family understands this is a Catholic School and Church and agrees to abide by the policies, rules and regulations set by the Diocese of Rockford, St. Peter Parish, and the Catholic Education Commission. **This also includes fulfilling all financial obligations.**

Signature \_\_\_\_\_ Date \_\_\_\_\_