

**ST. PETER SCHOOL REGISTRATION
2011-2012**

OFFICE USE ONLY Amount _____ Check # _____ Date _____
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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> M/F	
_____	_____	_____	_____	If kindergarten, please check <input type="checkbox"/> Full Day <input type="checkbox"/> ½ day (p.m.)
_____	_____	_____	_____	
_____	_____	_____	_____	
_____	_____	_____	_____	

Parents' Names _____ Parish _____

Address _____ City _____ State _____ Zip _____

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

E-mail _____

Present School (if transferring) _____

As a parent/guardian of a student attending St. Peter School, I agree to the following:

- I/We will attend Mass on Sundays and Holy Days of obligation and participate financially in parish stewardship.
- I/We will pay our tuition in full by July 1, 2011 by cash or check or will arrange for monthly billing through the SMART Tuition payment program. I/We understand that our first payment to SMART is due by July 1, 2011 or upon enrollment, whichever is first. I/We agree to pay the SMART registration fee as well. I/We understand that our child(ren) will not be able to begin school unless the first tuition payment has been made and any debts from the previous school year have been resolved.
- I/We agree to pay a non-refundable registration fee of \$250 per full time student or \$225 per half day Kindergarten student at the time of registration.
- I/We understand that a copy of our child(ren)'s birth and baptismal certificates are required at registration for all new students.
- I/We understand that a health form is required for grades K and 6 and is due no later than August 1, 2011.
- I/We understand that St. Peter School adheres to a non-discriminatory policy regarding admissions. Admissions policy #5117 will determine the 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 includes fulfilling all financial obligations.

Enclosed is our non-refundable registration fee of:

\$250 per full time student	x _____ students = _____
\$225 per half day kindergarten student	x _____ students = _____

Total Registration Fee Enclosed: \$ _____

Optionally, please accept my donation to the Guardian Angel 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:** _____