

ST. PETER SCHOOL REGISTRATION  
Preschool - 8th Grade  
2023-2024

OFFICE USE ONLY  
Amount \_\_\_\_\_  
Check # \_\_\_\_\_  
Date \_\_\_\_\_

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

Name of Student \_\_\_\_\_ Grading Entering \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender (M/F) \_\_\_\_\_

\_\_\_\_\_ Full Day \_\_\_\_\_ Half Day  
\_\_\_\_\_ Full Day \_\_\_\_\_ Half Day  
\_\_\_\_\_ If registering for kindergarten  
\_\_\_\_\_ students 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 Email \_\_\_\_\_ Father's Email \_\_\_\_\_

Religion \_\_\_\_\_ My Child 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?  
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 2022-2023 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, 2023 by cash/check or agree to arrange for monthly billing through the FACTS Tuition payment program. I understand that our first payment to FACTS is due by August 1, 2023. I agree that I am responsible for the FACTS 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 currently 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 \$200 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 if paid by March 3, 2023**

**\$200 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: \_\_\_\_\_