



Family Registration Form 2026-2027

FAMILY INFORMATION – Please complete the ALL information

Father/Parent: _____ Home Phone: _____
 Address: _____ Work Phone: _____
 City/ST/Zip: _____ Cell Phone: _____
 Father E-Mail: _____ Home Parish: _____
 Religion: _____ Employer: _____
 Public School District of Residence: _____ Occupation: _____
 Father/Parent’s Marital Status (circle one): Married Single Divorced Separated Widowed Guardian/Ward

Mother/Parent: _____ Home Phone: _____
 Address: _____ Work Phone: _____
 City/ST/Zip: _____ Cell Phone: _____
 Mother E-Mail: _____ Home Parish: _____
 Mother’s Maiden Name: _____ Religion: _____
 Employer: _____ Occupation: _____
 Public School District of Residence: _____
 Mother/Parent’s Marital Status (circle one): Married Single Divorced Separated Widowed Guardian/Ward

ADDITIONAL FAMILY INFORMATION – Please list first names and ages of all children in family: _____ - _____

Communication is very important to us. Please provide up to three emails to be used for communication (keynotes, email etc.)

PARENT/GUARDIAN SIGNATURES

Parent(s)/Guardian(s): I/We agree to assume responsibility for all tuition, fees, books, and other expenses of the student(s) while attending St. Peter Catholic School. This agreement will be in effect for each semester the student(s) is/are enrolled. I/We also give permission to St. Peter Catholic School to request and receive all pertinent records from my/our children’s current school. On applications where only one signature of a parent/guardian is provided, St. Peter Catholic School will assume this parent/guardian will be solely responsible for tuition and other expenses.

Signature _____ Date _____ Print Name _____

Signature _____ Date _____ Print Name _____

Registration Fee: \$50 per student 3K – 5th grade.

For Office Use Only

Registration Fee(s) \$ _____ Cash _____ Check # _____ Date Received _____ Received by: _____

STUDENT INFORMATION – Please complete ALL information for each child you are registering.

2026 – 2027 STUDENT INFORMATION

Please complete ALL the information for each child you are registering.

Last Name (legal): _____ **First Name (legal):** _____ **Middle Initial:** _____

Gender: Male ___ Female ___ Birth Date (mm/dd/yyyy): ___ / ___ / ___ Religion: _____

Student lives with: Father _____ Mother _____ Both _____ Other: _____

Current Public School District: _____

Does this student have any special educational needs? Yes / No If Yes, specify: _____

Last School Attended: _____

Ethnic background: (Circle One Option) African American Alaska Native American-Indian Asian
Hispanic Latino Native Hawaiian Pacific Islander White Other _____

Circle One Option Below Which Program or Grade:

3K – half day (M-F)	3K – all day (M-F)	4K – half day (M-F)	4K – all day (M-F)
3K – half day (MWF)	3K – all day (MWF)		
3K – half day (TTh)	3K – all day (TTh)	All Day Grades:	5K 1 2 3 4 5

Last Name (legal): _____ **First Name (legal):** _____ **Middle Initial:** _____

Gender: Male ___ Female ___ Birth Date (mm/dd/yyyy): ___ / ___ / ___ Religion: _____

Student lives with: Father _____ Mother _____ Both _____ Other: _____

Current Public School District: _____

Does this student have any special educational needs? Yes / No If Yes, specify: _____

Last School Attended: _____

Ethnic background: (Circle One Option) African American Alaska Native American-Indian Asian
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3K – half day (TTh)	3K – all day (TTh)	All Day Grades:	5K 1 2 3 4 5