

**NEW STUDENT REGISTRATION FORM FOR ST. PETER SCHOOL  
A NATIONAL SCHOOL OF EXCELLENCE**

SIBLINGS ATTENDING ST. PETER SCHOOL: Catholic or Non-Catholic \_\_\_\_\_  
 Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Registration Date \_\_\_\_\_  
 Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Grade \_\_\_\_\_

Is student currently enrolled in St. Peter Pre-School (ECC)? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Will you enroll student in Kindergarten Enrichment? Yes \_\_\_\_\_ No \_\_\_\_\_

**STUDENT INFORMATION:**

Legal Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Public School District (i.e. Huber Heights, Fairborn, Vandalia, etc.): \_\_\_\_\_  
 Public School Eligible to Attend (i.e. Monticello, Fairborn Baker, etc.): \_\_\_\_\_ E-Mail: \_\_\_\_\_  
 Ethnic Background: \_\_\_\_\_ Male or Female: \_\_\_\_\_ Religion: \_\_\_\_\_ American Citizen?: \_\_\_\_\_  
 Home Telephone Number: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Birthplace City/State: \_\_\_\_\_

**State copy of birth certificate, Baptismal certificate, and immunization record must be attached to the completed registration form. Student will NOT be officially registered until the school office receives all forms. Parents must show driver's license for proof of residency. Parents must also contact their local school transportation company in writing for bus service for their children.**

Yes  No My child has received some kind of special services above and beyond the classroom and/or an individualized services plan. (IEP, ISP, and/or 504 Plan)

STUDENT'S SACRAMENTS	DATE	CHURCH	CITY/STATE
Baptism			
Reconciliation			
First Eucharist			
Confirmation			

**PARENT INFORMATION:**

Either Parent Military? Yes \_\_\_\_\_ No \_\_\_\_\_

Name of Father/Guardian: \_\_\_\_\_ City and State of Birth: \_\_\_\_\_ American Citizen?: \_\_\_\_\_  
 Birth Father \_\_\_ Stepfather \_\_\_ Guardian \_\_\_ Deceased \_\_\_

Occupation: \_\_\_\_\_ Religion: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Name of Mother/Guardian: \_\_\_\_\_ City and State of Birth: \_\_\_\_\_ American Citizen?: \_\_\_\_\_  
 Birth Mother \_\_\_ Stepmother \_\_\_ Guardian \_\_\_ Deceased \_\_\_

Occupation: \_\_\_\_\_ Religion: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Birth Mother's Maiden Name: \_\_\_\_\_

**STUDENT LIVES WITH:** Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_  
 Foster-Parents \_\_\_\_\_ Guardian (Grandparents, etc.) \_\_\_\_\_ Parent/Step-Parent \_\_\_\_\_

**IF APPLICABLE LIST CUSTODIAL PARENT:** \_\_\_\_\_

**CHILD CUSTODY INFORMATION:**

Ohio law requires that a certified copy of the custody agreement for each student to be on file in the school office. The custodial parent of each student must also provide certified copies of any later court orders which modify the original agreement. (Ohio Revised Code 3313.672)

REGISTERED PARISHIONER: Yes \_\_\_\_\_ Date Registered \_\_\_\_/\_\_\_\_/\_\_\_\_ No \_\_\_\_\_

**I WILL READ THE PARENT-STUDENT HANDBOOK AND ABIDE BY ALL THE RULES**

(PARENT SIGNATURE) \_\_\_\_\_ (DATE) \_\_\_\_\_

How did you hear about St. Peter School?  
 Business  Family  Friends  Media  Telephone Book  Other \_\_\_\_\_

FOR OFFICE USE ONLY: BIRTH CERTIFICATE \_\_\_\_\_ BAPTISMAL CERTIFICATE \_\_\_\_\_ IMMUNIZATION RECORD \_\_\_\_\_  
 CUSTODY AGREEMENT \_\_\_\_\_ EMERGENCY MEDICAL \_\_\_\_\_ PHYSICAL FORM (GRADES K OR J) \_\_\_\_\_ PROBATION FORM (GRADES 1 - 8) \_\_\_\_\_  
 PUBLICITY RELEASE \_\_\_\_\_ RELEASE OF RECORDS \_\_\_\_\_

ENTRANCE DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ FROM (SCHOOL) \_\_\_\_\_ FOR GRADE \_\_\_\_\_