



ST PETER ACADEMY

Address: _____
Street City State Zip

Home Phone: _____ Cell Phone: _____ Business: _____

Email Personal: _____ Email Business: _____

Occupation: _____ Employer: _____

Employer Address: _____

Parent/Guardian 2

Legal Name: _____ Relation to Student: _____

Place of Birth: _____ Religion: _____

Address: _____
Street City State Zip

Phone: _____ Cell: _____ Business: _____

Email Personal: _____ Email Business: _____

Occupation: _____ Employer: _____

Employer Address: _____

ADDITIONAL STUDENT INFORMATION

Please indicate the name(s) and grade(s) of any siblings applying to and/ or already attending St Peter Academy:

1. Name _____ Grade _____

2. Name _____ Grade _____

3. Name _____ Grade _____

Has your child ever been placed on an Individual Education Plan (IEP) or had an evaluation? Yes _____ No _____

*If yes, please provide a copy with your application.

Has your child ever been diagnosed with any learning disabilities? Yes _____ No _____

*If yes, please explain

Has your child ever been placed on probation, suspended or expelled from school? Yes _____ No _____

*If yes, please explain



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Please list any diagnosed allergies. _____

Does the Student require an EpiPen, inhaler or medications? Yes _____ No _____

*If yes, please explain and provide medical documentation _____

Do you intend to use the: Extended Day Program? _____ Before School Program? _____

ADDITIONAL STUDENT INFORMATION Grades Pre K through K1

Has your child been enrolled in a daycare program? Yes _____ No _____

Has your child received early intervention services? Yes _____ No _____

If yes, please explain and provide documentation _____

REGISTRATION FEE

To officially apply to St Peter Academy, please include a **\$200.00 non-refundable registration fee for one child or \$300.00 for multiple family children.** Payment of this fee does not guarantee acceptance to St Peter Academy

DOCUMENTATION

In order for a student's application to be completed, the following documents need to be received:

____ Non-Refundable \$200.00 registration fee per child or \$300.00 per family

____ Tuition Payment Method Sheet

____ Family Commitment Agreement

____ Baptismal Record if Student is Catholic

____ Student's Birth Certificate (or Passport if born outside the U.S.)

____ Student's Immunization Records up to date and following MA DPH Regulations

____ Current Annual Physical

ADDITIONAL DOCUMENTATION Grades K2 through 6



ST PETER ACADEMY

____ A copy of all Academic Records, including the Last Two Report Cards

____ A copy of all Standardized Test Results

____ A copy of Previous School's Official Permanent Student Record

____ A copy of any Discipline Reports

SIGNATURE

By signing below, I certify that the information above is true and accurate.

Name of Parent/Guardian (please print):

Signature of Parent/Guardian _____ Date _____

How did you hear about St Peter Academy: Website _____ Friends/Family _____ Another Parent _____

Newspaper _____ Other _____ Please Explain _____

For Office Use Only:

Registration Fee: \$200.00 each student / \$300.00 maximum family

Paid: _____ Date: _____ Check #: _____ Cash: _____ Received by: _____

Baptismal Certificate: _____ Birth Certificate: _____ Immunization Forms: _____

Date of Initiated File: _____ File Completion Date: _____