St Peter Academy

STUDENT ENROLLMENT APPLICATION
CHILD INFORMATION

Indicate Grade Child will be attending: *Toddler _____ *PreK _____ K1 _____ K2 _____ Gr. 1 _____

Gr. 2 _____ Gr. 3 _____ Gr. 4 _____ Gr. 5 _____ Gr. 6 _____

***Toddler Program – Full Time Only: Desired Start Date _____**

***PreK Sessions:**

Year Round PreK _____ School Year PreK (5 Full Days) _____

*School Year PreK three (3) day Tues, Wed, Thurs or five (5) half day options _____
***Limited Seats, check with School Office for availability**

Proper Name:_____
Last Name First Name Middle Name
Nickname: _____

Address: _____ _____
Street City State Zip

Date of Birth: _____Place of Birth: _____Student Gender: [ ] male [ ] female
Race/Ethnicity: _____Language Spoken at Home: _____
Does your child attend an elementary or early education school/program? Yes _____ No _____
Indicate program where your child is now attending: _____
Child lives with: _____ Both Parents _____ Mother _____ Father _____ Guardian_____

FAMILY INFORMATION

Parent or Guardian 1
Legal Name: _____ Relation to Child: _____
Place of Birth: _____ Religion: _____
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 Child: _____
Place of Birth: _____Religion: _____
Address: _____
Street City State Zip
Home Phone: _____ Cell:_____ Business: _____
Email Personal: _____Email Business: _____
Occupation: _____Employer: _____
Employer Address: _____

ADDITIONAL INFORMATION

Please indicate the name(s) and grade(s) of any siblings:
1. Name _____ Grade _____
2. Name _____ Grade _____
3. Name _____ Grade _____

Has your child ever had early intervention services, placed on a 504 Plan or 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

Please list any diagnosed allergies._____

Does the Child 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 (afterschool)? Yes _____ No _____

ENROLLMENT FEE

To officially apply to St Peter Academy, please include a $200.00 non-refundable enrollment fee for one child or $300.00 for multiple family children. Payment of this fee guarantees acceptance to St Peter Academy.

DOCUMENTATION

In order for a child's application to be completed, the following documents need to be received:
____ Non-Refundable $200.00 enrollment fee per child or $300.00 per family
____ Child's Birth Certificate (or Passport if born outside the U.S.)
____ Child's Immunization Records up to date and following MA DPH Regulations
____ Current Annual Physical

ADDITIONAL DOCUMENTATION GRADES K2 THROUGH 6

_____ 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 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 child / $300.00 maximum family
Paid: _____ Date: _____ Check #: _____ Cash: _____ Received by: _____
Baptismal Certificate: _____ Birth Certificate: _____ Immunization Forms: _____
Date of Initiated File: _____ File Completion Date: _____