



Saint Peter Catholic School

515 Harmony Street
New Castle, DE 19720
Telephone: (302) 328-1191 Fax: (302) 328-8049

Over 100 Years of Growing in Grace and in Knowledge.

ADMISSIONS FORM

\$150 Non-Refundable

Registration Fee

INSTRUCTIONS FOR THE COMPLETION OF THIS FORM

Complete all information on this form and return it to the school upon completion.

All students in grades K, 2 and 4 and all new students entering into a Diocesan School are required to provide an updated physical exam at the start of the school year. After you have received the notice of final acceptance, have your family doctor or a doctor at one of the Child Care Centers in your locality examine your child and complete the enclosed Pupil Medical Record and return it as soon as possible to the school.

REGISTRATION AND CHILD IDENTIFICATION DATA

Registration Date: _____ Telephone No.: _____ Applying for Grade: _____

Name of Child: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: _____ Place of Birth: _____ Child's Religion: _____

School Presently Attending: _____ Grade: _____

School Address: _____ City: _____ State: _____ Zip: _____

Parent's Name if Different from Child's: _____

Status of Child's custody (if applicable): _____

Mother Primary Parent _____ Father Primary Parent _____ (Check one)

St. Peter Power School Input and Registration Form

Student Information	
Student Name	
Home Phone (xxx-xxx-xxxx)	
Home Street	
Home city, state, zip	
Mailing Street	
Mailing city, state, zip	
Gender Male Female	
Birth Date (mm/dd/yyyy)	Last 4 digits of SSN
Ethnicity	
Is the student Hispanic or Latino?	Yes No
School Entry Date (mm/dd/yyyy)	School Entry Grade Level
Resident School District	County of Residence
AM Transportation Mode	PM Transportation Mode
Does student have a current IEP or 504? IEP 504	
If you circle one of these, please include a copy of it with the registration.	

St. Peter Power School Input and Registration Form

Parent/Guardian Information	
Resides	Custody
Mother's Name (last, first)	
Mother's First Name	Mother's Last Name
Mother's Day Phone (xxx-xxx-xxxx)	Mother's Cell Phone (xxx-xxx-xxxx)
Mother's Home Phone (xxx-xxx-xxxx)	
Mother's Email	
Mother's Employer	
Father's Name (first, last)	
Father's First Name	Father's Last Name
Father's Day Phone (xxx-xxx-xxxx)	Father's Cell Phone (xxx-xxx-xxxx)
Father's Home Phone (xxx-xxx-xxxx)	
Father's Email	
Father's Employer	
Guardianship	Single Parent Household
Guardian Name (Last, First, MI)	
Guardian Day Phone (xxx-xxx-xxxx)	Guardian Cell Phone (xxx-xxx-xxxx)
Guardian Email	
Guardian Text Alert	Alert Expires (mm/dd/yyyy)
<p>Is there a custody agreement between the mother and father? Circle One: Yes No</p> <p>If yes, please provide a copy of the agreement with this registration. This enables the school to fulfill its role in the relationship between the parties.</p>	

St. Peter Power School Input and Registration Form

Emergency	
Emergency Contact #1	
Contact #1 Phone (xxx-xxx-xxxx)	#1 Phone Type Cell Home Work
Contact #1 Relationship	
Emergency Contact #2	
Contact #2 Phone (xxx-xxx-xxxx)	#2 Phone Type Cell Home Work
Contact #2 Relationship	
Emergency Contact #3	
Contact #3 Phone (xxx-xxx-xxxx)	#3 Phone Type Cell Home Work
Contact #3 Relationship	
Medical Information	
Doctor	Doctor Phone # (xxx-xxx-xxxx)
Dentist	Dentist Phone # (xxx-xxx-xxxx)
Insured Name	Insured SSN
Insurance Company	Insurance ID
Medical Text Alert	Alert Expires (mm/dd/yyyy)
Religion	
Religion	Parish / Church Name
Baptism Date (mm/dd/yyyy)	Baptism Parish
Reconciliation Date (mm/dd/yyyy)	Reconciliation Parish
First Communion Date (mm/dd/yyyy)	First Communion Parish
Confirmation Date (mm/dd/yyyy)	Confirmation Parish