

**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: Last First Middle

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)

|  |  |
| --- | --- |
| **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.** | |

|  |  |
| --- | --- |
| **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) |
| Is there a custody agreement between the mother and father? Circle One: Yes No  **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.** | |

|  |  |
| --- | --- |
| **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 |