



# ST PETER ACADEMY

## Pre-K Through Grade 8 Student Registration

### GRADE

Please indicate the <b>GRADE</b> your child will be attending: <b>Pre-K</b>	<b>K1</b>	<b>K2</b>	<b>1</b>	<b>2</b>	<b>3</b>
	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>

### Pre-K Sessions

Please indicate below the Pre-K session and days your child will be attending:

#### Full Day

5  \*4  \*3

3 \*Tues. Wed. Thurs. 4\* Mon. Tues. Wed. Thurs. 4\* Tues, Wed, Thurs, Fri

#### Half Day

5

### STUDENT INFORMATION

Student Proper Name: \_\_\_\_\_  
Last Name First Name Middle Name

Student Nickname: \_\_\_\_\_

Student Address: \_\_\_\_\_  
Street City State Zip

Student Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Student Gender: [ ] male [ ] female

Race/Ethnicity: \_\_\_\_\_ Language Spoken at Home: \_\_\_\_\_

Religion: \_\_\_\_\_ Date of Baptism: \_\_\_\_\_ Church: \_\_\_\_\_

Indicate school where your child is now attending: \_\_\_\_\_

Student lives with: \_\_\_\_\_ Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Guardian \_\_\_\_\_

Student Home Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

### FAMILY INFORMATION

#### Parent or Guardian 1

Legal Name: \_\_\_\_\_ Relation to Student: \_\_\_\_\_

\_\_\_\_\_ Place of Birth: \_\_\_\_\_ Religion: \_\_\_\_\_



# 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



# ST PETER ACADEMY

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 8**



# 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: \_\_\_\_\_