



Please Circle One:
Current Family New Family

Intent to Enroll Form
St. Peter Catholic School
2018-2019

Father (or Legal Guardian's) Name

Address _____
City _____ State ____ Zip _____
Phone: Home _____
Cell _____
Work _____
Email Address _____
Employer _____
Position _____
Work Address _____

Mother (or Legal Guardian's) Name

Address _____
City _____ State ____ Zip _____
Phone: Home _____
Cell _____
Work _____
Email Address _____
Employer _____
Position _____
Work Address _____

Marital Status: Married Single Separated Divorced Widowed
Deceased: Mother _____ Father _____ Remarried: Mother _____ Father _____ Court Order: Yes _____ No _____
Name of new spouse: _____
Is your child adopted: Yes _____ No _____ Does your child know this? Yes _____ No _____
Has your child ever been tested or evaluated for any disability [i.e. Learning Disabilities, Attention Deficit (Hyperactivity) Disorder, Emotional Disabilities, etc.], or medical condition? Yes _____ No _____
Has your child received any special academic assistance or modification? Yes _____ No _____

Student(s) Information:

1.	_____	_____	_____	_____	_____	_____
	First Name	Last Name	Middle	M/F	Birthday	Grade (2018-2019)
2.	_____	_____	_____	_____	_____	_____
	First Name	Last Name	Middle	M/F	Birthday	Grade
3.	_____	_____	_____	_____	_____	_____
	First Name	Last Name	Middle	M/F	Birthday	Grade
4.	_____	_____	_____	_____	_____	_____
	First Name	Last Name	Middle	M/F	Birthday	Grade

Ethnicity: American Indian / Native Alaskan Native Hawaiian / Pacific Islander
 African American Caucasian
 Asian Multi-Racial
 Hispanic (non-white) Hispanic (white)

Religion (child raised as): Catholic - Parish: _____
 Other – Please Specify: _____

Military Affiliation: Retired Active Deployed Reserve
Branch _____ Base _____

Signature _____ Date _____

Printed Name _____ *See Additional Information on Reverse Side*

For Office Use Only: Date of Registration ____/____/____ Check # _____ Initial _____

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Other data needed: Preschool—A copy of your child’s birth and baptismal certificates, a current physical, and immunization records.
Grades K-8—A copy of your child’s birth, baptismal, and First Communion certificates, immunization record, most recent report card, basic skills testing, and any psychological testing reports.

Although we attempt to meet the needs of each student, we are not always able to do so for those with learning and/or behavioral disabilities. In the event we cannot adequately meet your child’s needs, we will notify you. Please supply any pertinent, past or present, medical, social/emotional, or psychological information which may impact our ability to provide for your child’s special needs.