

STUDENT ENROLLMENT FORM

Child Information					
Child's Name			Preferred Name:		
Date of Birth:		Place of Birth:		Gender:	
				<input type="checkbox"/>	Male
				<input type="checkbox"/>	Female
Grade for 2025-2026:			School Last Attended:		
Home Address:					
Child's Faith:				Baptized:	
				<input type="checkbox"/>	Yes
				<input type="checkbox"/>	No
Student lives with:					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Both Parents	Mother	Father	Legal Guardian/Other		
Parent Information					
Father's Full Name:			Father's Employer:		
Cell Phone:		Work Phone:		Home Phone:	
Home Address:					
Email Address:					
Mother's Full Name:			Mother's Employer:		
Cell Phone:		Work Phone:		Home Phone:	
Home Address:					
Email Address:					

Siblings	
-----------------	--

Name:	Age:
Name:	Age:
Name:	Age:

Emergency Contact Information – Persons to contact in case of an emergency if you cannot be reached.		
-------------------------------------------------------------------------------------------------------------	--	--

Name:	Phone Number:	Relationship:
Name:	Phone Number:	Relationship:
Name:	Phone Number:	Relationship:

Questions			
------------------	--	--	--

<p>1. Does anyone, besides you, have permission to pick up your child from school? Please list individuals.</p>	Yes	No
<p>2. Does your child have any physical limitation allergies, or other medical conditions which school personnel should know about? If so, please list</p>	Yes	No
<p>3. Does your child take any type of medication on a regular basis? If yes, please describe medication, even if it is not taken during school hours. In case of a medical emergency, we may need this information.</p>	Yes	No
<p>4. I give my permission for St. Peter Catholic School to use my child’s photograph in promotion of the school either in social media, newspapers, brochures, or newsletters.</p>	Yes	No

Parent Signature

Date