

SAINTS PETER AND PAUL HIGH SCHOOL

A School of Excellence in the Catholic Tradition Since 1958

Admissions Application

STUDENT INFORMATION:

Application for Grade: **9 10 11 12** for School Year: _____ Application Date: ____/____/____
Applicant's Full Name: _____
Preferred Name: _____ Date of Birth: ____/____/____ S.S# _____
Home Address: _____
City: _____ County: _____ State: _____ Zip: _____
Telephone: _____
Current School: _____
Religious Affiliation: _____ If Catholic, what Parish? _____

PARENT/GUARDIAN INFORMATION:

Father's Full Name: _____ Custodial Parent (Y/N) _____
Home Address: _____
City: _____ County: _____ State: _____ Zip: _____
Home Telephone: _____ Cell Phone: _____
e-mail: _____
Occupation: _____ Job Title: _____
Employer: _____ Business Phone: _____
Religious Affiliation _____ Alumna/us of Saints Peter and Paul? ____Yes ____No
Mother's Full Name: _____ Custodial Parent (Y/N) _____
Home Address: _____
City: _____ County: _____ State: _____ Zip: _____
Home Telephone: _____ Cell Phone: _____
e-mail: _____
Occupation: _____ Job Title: _____
Employer: _____ Business Phone: _____
Religious Affiliation _____ Alumna/us of Saints Peter and Paul? ____Yes ____No

DUPLICATE MAILING REQUEST: (If requested by non-custodial parent)

Name: _____
Address: _____
City/State/Zip: _____
Telephone Number: _____ e-mail: _____
Should this contact receive all correspondence from the school? ____YES ____NO (please check one)

(over)

RECEPTION OF SACRAMENTS: (If entering student is Catholic)

	Baptism	Reconciliation	First Communion	Confirmation
<i>DATE</i>				
<i>CHURCH</i>				
<i>CITY/STATE</i>				
<i>Verified by</i>				

ADDITIONAL INFORMATION:

Tuition should be billed to: _____

Billing Address (if different): _____

Are there current or alumni siblings who attend/ed Saints Peter and Paul Schools (K-12)? List Names and Year of Graduation: _____

MEDIA PUBLICATION WAIVER

In order for a student to be considered validly registered, all "Student and Parent Information" must be complete. The information requested will be used for the internal administration of Saints Peter and Paul High School and for the publication of a *Student & Parent Directory*. The *Student & Parent Directory* will list students' and parents' names, class, address, home telephone number, and e-mail address. If you *do not* want this information published, please initial the box to the right. The student will then have his or her name printed and "permission withheld".

For the purpose of publicizing the school and its activities, student pictures, artwork or written work may be used in admissions and recruitment publications, yearbooks on the website, and in news releases. If you *do not* wish to have your student's likeness used in any format, please initial the box to the right.

On behalf of the applicant, I hereby make application to Saints Peter and Paul High School. Completion of this application does not guarantee admission to Saints Peter and Paul High School.

Parent/Guardian Signature: _____ **Date:** _____

Applicant Signature: _____ **Date:** _____

Saints Peter and Paul High School does not discriminate on the basis of sex, race, color and/or national origin in the administration of its educational policies, admissions policies, financial assistance/scholarship programs, or other school sponsored programs.

Please include with this Admissions Application a non-refundable Application Fee of \$50.

Checks should be made payable to: ***Saints Peter and Paul High School.***

Office Use

Date Received: ____/____/____

Application Fee (\$50) _____