

SAINTS PETER AND PAUL HIGH SCHOOL

Celebrating 50 Years of Excellence in Catholic Education 1958-2008

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) _____