

Saints Peter and Paul School NEW STUDENT APPLICATION 2023-2024



Student's Name					
,	irst)	(Middle) Country of Birth:	(Last)		
Address:					
City/State:		Zip	Zip Code:		
Preferred Email:					
☐ I give Saints Pete	er and Paul School perm	ission to publish this email address in	the School		
_	ne email address per fan	-			
, ,	_	· -			
School District in v	which child resides:				
Sacraments:					
Baptism:	Church:	City:	Date:		
Reconciliation:		City:	Date:		
Eucharist:	Church:	City:	Date:		
Confirmation:	Church:	City:	Date:		
E = A + A + A + B + A + A + B + A + A + B + A + A	. •				
Educational Experience:		Current Grade:			
Student seeks to er *Pre-Kindergarter	nroll in grade n students must indicate	for the 2023-2024 academic year at S	aints Peter and Paul School.		
Pre- K3 3 Days	(M,W,F)	Days (M thru F) 🏻 Full Day 🗖 <mark>Half</mark>	<mark>Day</mark>		
☐ Pre-K4 5-Day P	rogram (M thru F) *Pro	e-K4 program is full day only			
Has your child rece	ived Early Intervention o	or special services or testing? If yes, ple	ase describe:		
Does your child hav	ve a current IEP or 504?	If yes, please describe:			
For the purpose of	statistical reports, please	check one of the following that best	reflects your background:		
☐ African American			□ Native American		
☐ Middle Eastern A		•	□International		

New Students Must Submit:

- New Student Application Form (for siblings who are new in 2023-24 also)
- \$100 New Student Application Fee (non-refundable)
- Copy of Birth Certificate and Copy of Baptismal Certificate
- Commonwealth of PA Medical /Immunization and Dental Records
- West Chester Area School District Entry Questionnaire
- Bus Transportation Information (Grades K-8 only)

(Complete other side)

OFFICE USE ONLY
Amount \$____
Check #____
Date Rec.____
Initialed By_____

Parental Information:					
	\square Mother \square Father				
Parent's Marital Status: ☐ Married ☐ Sep	parated Divorced D	Widowed □Single	2		
We are registered members of Saints Peter a If Catholic, but not members of SSPP, what Families who are not Catholic pay the "Nor	is your Parish?	Family #			
MUST be entered. Please call your Parish or					
is considered an incomplete application. All families who are members of Saints Peter asked to contribute financially to the parish automatic on-line giving system called Paris .	according to their means. F	Families are strongly er	ncouraged to use the		
Mother's Name:					
(First) (1	Middle) (N	Maiden)	(Last)		
Mother's Religion:	Mother's Country	of Birth:			
Address (if different from child's):					
Employer's Information:(Employer Name)					
(Employer Name)		(Occupation/	Title)		
Phone(Home)	(Cell)	(Bu	usiness)		
Father's Name:		-			
(First)	(Middle)	(La	st)		
Father's Religion:	Father's Country o	of Birth:			
Address (if different from child's):					
Employer's Information:					
Phone (Employer Name)		(Occupation,	/Title)		
(Home) Have parents/guardians lived in Pennsylvan	(Cell) ia for the last 10 years:		isiness) No		
Parent's Signature(s) (Mother)	(Father)	(Date	e)		
EMERGENCY CONTACT (other than par Contact Number:	0				
I give permission for the following person(s) to pick up my child(ren) at dismissal:					
Name	Number	Relationship	_		
ONLY IF APPLICABLE:					
Primary physical custodial parent/guardian:					
Special custodial court instruction: $\Box Y_{\epsilon}$ Please provide stepparent information:	es □No * If yes,	please provide copy			