



**Saints Peter and Paul School**  
**NEW STUDENT**  
**APPLICATION 2023-2024**



Student's Name \_\_\_\_\_  
(First) (Middle) (Last)

Date of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Preferred Email: \_\_\_\_\_

☐ I give Saints Peter and Paul School permission to publish this email address in the School Directory **\*Only one email address per family will be published.**

School District in which child resides: \_\_\_\_\_

***Sacraments:***

**Baptism:** Church: \_\_\_\_\_ City: \_\_\_\_\_ Date: \_\_\_\_\_

**Reconciliation:** Church: \_\_\_\_\_ City: \_\_\_\_\_ Date: \_\_\_\_\_

**Eucharist:** Church: \_\_\_\_\_ City: \_\_\_\_\_ Date: \_\_\_\_\_

**Confirmation:** Church: \_\_\_\_\_ City: \_\_\_\_\_ Date: \_\_\_\_\_

***Educational Experience:***

Current School: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Student seeks to enroll in grade \_\_\_\_\_ for the 2023-2024 academic year at Saints Peter and Paul School.

**\*Pre- Kindergarten students must indicate:**

☐ Pre- K3 3 Days (M,W,F) ☐ Pre- K3 5 Days (M thru F) ☐ **Full Day** ☐ **Half Day**

☐ Pre-K4 5-Day Program (M thru F) \*Pre-K4 program is full day only

Has your child received Early Intervention or special services or testing? If yes, please describe: \_\_\_\_\_

Does your child have 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:

<input type="checkbox"/> African American	<input type="checkbox"/> Latino/Hispanic	<input type="checkbox"/> Asian American	<input type="checkbox"/> Native American
<input type="checkbox"/> Middle Eastern American	<input type="checkbox"/> Multiracial	<input type="checkbox"/> Caucasian	<input type="checkbox"/> International

**New Students Must Submit:**

- New Student Application Form (for siblings who are new in 2023-24 also)
- \$125 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:***

Student resides with ☐ Both Parents ☐ Mother ☐ Father ☐ Other \_\_\_\_\_

Parent's Marital Status: ☐ Married ☐ Separated ☐ Divorced ☐ Widowed ☐ Single

We are registered members of Saints Peter and Paul Parish: ☐ Yes Family # \_\_\_\_\_ ☐ No

If Catholic, but not members of SSPP, what is your Parish? \_\_\_\_\_ Family # \_\_\_\_\_

Families who are not Catholic pay the "Non-Parishioner/Not Catholic" tuition rate. **\*Family # MUST be entered.** Please call your Parish office to confirm the #. If the family # is not entered, it is considered an incomplete application.

All families who are members of Saints Peter and Paul Parish receive a discounted tuition rate. School families are asked to contribute financially to the parish according to their means. Families are strongly encouraged to use the automatic on-line giving system called **ParishGiving**. Information can be found on the parish website.

Mother's Name: \_\_\_\_\_  
(First) (Middle) (Maiden) (Last)

Mother's Religion: \_\_\_\_\_ Mother's Country of Birth: \_\_\_\_\_

Address (if different from child's): \_\_\_\_\_

Employer's Information: \_\_\_\_\_  
(Employer Name) (Occupation/Title)

Phone \_\_\_\_\_  
(Home) (Cell) (Business)

Father's Name: \_\_\_\_\_  
(First) (Middle) (Last)

Father's Religion: \_\_\_\_\_ Father's Country of Birth: \_\_\_\_\_

Address (if different from child's): \_\_\_\_\_

Employer's Information: \_\_\_\_\_  
(Employer Name) (Occupation/Title)

Phone \_\_\_\_\_  
(Home) (Cell) (Business)

Have parents/guardians lived in Pennsylvania for the last 10 years: ☐ Yes ☐ No

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**Parent's Signature(s)** (Mother) (Father) (Date)

EMERGENCY CONTACT (other than parent/guardian): \_\_\_\_\_

Contact Number: \_\_\_\_\_

I give permission for the following person(s) to pick up my child(ren) at dismissal:

Name	Number	Relationship
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**ONLY IF APPLICABLE:**

Primary physical custodial parent/guardian: \_\_\_\_\_

Special custodial court instruction: ☐ Yes ☐ No **\* If yes, please provide copy**

Please provide stepparent information: \_\_\_\_\_