

Sts. Peter and Paul Catholic School
Kindergarten thru Grade 5 Application for Enrollment
2019-2020 School Year

210 N. Vine Street ~ Haubstadt, IN 47639 ~ 812-768-6775
Fr. Tony Ernst, Pastor Mrs. Kalyn Herrmann, Principal

Kindergarten through Grade 5 – When applying to Sts. Peter and Paul School, the order of enrollment will be:

- Active Sts. Peter & Paul Parishioner
- Active Catholic Non-Parishioner with Siblings In School
- Active Catholic Non-Parishioner
- Active, Non-Catholic, Non-Parishioner with Siblings in School
- Non-Catholic, Non-Parishioner

Student's Full Name _____ M _____ F _____
(First) (Middle) (Last)

Address _____
(Street) (City) (State) (Zip)

Date of Birth _____ **Place of Birth** _____
(Month) (Day) (Year) (City) (State)

Age as of July 31st _____ **Applying for Grade** _____ **School Year Entering** _____

Presently Enrolled at (if other than SPP) _____

Address _____ **Phone** _____

Race ___ *White* ___ *Native American* ___ *African-American* ___ *Asian* ___ *Multi-Racial*

Ethnicity ___ *Non-Hispanic* ___ *Hispanic*

It is the policy of Sts. Peter & Paul School that students of any color, race, sex, creed, national & ethnic origin be admitted to all rights, privileges, program, & activities generally accorded or available to students at the school.

Baptism _____
(Church) (City) (State) (Date)

First Communion _____
(Church) (City) (State) (Date)

Doctor _____ **Phone** _____

Dentist _____ **Phone** _____

Hospital Preference _____

Any known allergies, medications, special health or physical needs, or educational needs _____

Registration for the 2019-20 School Year is \$260 in which \$60 must be submitted along with this application in order for the application to be processed.

Receipt of the \$60 does not guarantee acceptance, but only holds your child's place on the list for the grade in which you are applying for. This fee is non-refundable unless space in the appropriate grade is not available.

(More information on the back)

FAMILY DATA

Head of Household _____

Parents: Together _____ Separated _____ Divorced _____ Deceased _____

Child Lives With: Mother _____ Father _____ Both _____ Other _____

Father's Name _____

Religion _____ Parish _____ Registered Member

Address _____ Phone _____
(Street)

_____ Cell _____
(City) (State) (Zip)

Place of Employment _____ Occupation _____

Work Phone _____ Email _____

Mother's Name _____ Maiden _____

Religion _____ Parish _____ Registered Member

Address _____ Phone _____
(Street)

_____ Cell _____
(City) (State) (Zip)

Place of Employment _____ Occupation _____

Work Phone _____ Email _____

Siblings Ages/Birthdates _____

Why is it important to you for your child to attend a Catholic School?

This signature verifies that I understand all information that has been given to me, specifically, the Enrollment Policy for Sts. Peter and Paul School. The information that I have given is true and accurate.

Parent/Guardian Signature _____ Date _____

Complete application packets will be reviewed and processed for admission. Sts. Peter and Paul Catholic School will notify the person completing this form upon acceptance of your child(ren). If you need assistance with this application, call 812-768-6775

The community of Sts. Peter and Paul guides all students to live like Christ as they fulfill their academic, personal, and spiritual potential in a loving and caring atmosphere.