



**Sts. Peter & Paul Catholic School**  
**Kindergarten - Grade 5 Application for Enrollment**  
**2022-2023 School Year**

210 N. Vine Street • Haubstadt, IN 47639 • 812-768-6775  
Fr. Christopher Droste, Pastor | Mrs. Megan Howington, Principal

When applying to Sts. Peter & 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)

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 2022-2023 school year is \$260 in which \$60 must be submitted with this application 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**

**Father's Name:** \_\_\_\_\_

Religion: \_\_\_\_\_ Parish: \_\_\_\_\_  Registered Member

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ Maiden: \_\_\_\_\_

Religion: \_\_\_\_\_ Parish: \_\_\_\_\_  Registered Member

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Head of Household: \_\_\_\_\_

Parents: Together \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Deceased \_\_\_\_\_

Child Lives With: Mother \_\_\_\_\_ Father \_\_\_\_\_ Both \_\_\_\_\_ Other \_\_\_\_\_

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.***