



**Sts. Peter & Paul Catholic School  
Kindergarten - Grade 5 Application for Enrollment  
2023-2024 School Year**

210 N. Vine Street • Haubstadt, IN 47639 • 812-768-6775  
Fr. Andrew Thomas, 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**

**Registration for the 2023-2024 school year is \$275 in which \$75 must be submitted with this application for the application to be processed.**  
Receipt of the \$75 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.

Student's Full Name: \_\_\_\_\_ M\_\_\_\_ F\_\_\_\_  
(First) (Middle) (Last)

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
(Month) (Day) (Year) (City) (State)

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

Primary Phone Number: \_\_\_\_\_ Applying for Grade: \_\_\_\_\_

Presently Enrolled at (if other than SPP): \_\_\_\_\_

School Address: \_\_\_\_\_ School 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)

\_\_\_\_\_ My child has not been baptized, and I am interested in learning more about baptizing my child. Please contact me.

First Communion: \_\_\_\_\_  
(Church) (City) (State) (Date)

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Any known allergies, medications, special health or physical needs, or educational needs: \_\_\_\_\_

\_\_\_\_\_

**FAMILY DATA**

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

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

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

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

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

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

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

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

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

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

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

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

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.***

**Office use only**

Date/Time Received: