



Sts. Peter & Paul Catholic School
Kindergarten - Grade 5 Application for Enrollment
2024-2025 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

The registration fee for the 2024-2025 school year is \$275/student. No payment is due at this time.
Registration fees will be accepted in August.

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

Date of Birth: (Month) (Day) (Year) Place of Birth: (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.

Catholic Non-Catholic

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: