



Sts. Peter & Paul Catholic School
Kindergarten - Grade 5 Application for Enrollment
2025-2026 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 2025-2026 school year is \$275/student. No payment is due at this time.

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.

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: