



St. Peter's Catholic School

1035 Hampton Street Columbia, SC 29201 www.stpeters-catholic-school.org

2010–2011 Enrollment Application

Please review all pages

I/We hereby register _____ as a student at St. Peter's Catholic School for the Academic Year 2010-2011. The School asks that you complete this form and return it with your non-refundable Enrollment Fee of **\$50.00**. Upon acceptance for enrollment at St. Peter's Catholic School, your non-refundable Registration Fee of **\$200.00** will be due to the School Office within thirty (30) calendar days.

Parishioner Tuition for the Academic School Year 2010-2011 for the first student in a family is **\$4,995.00**. Tuition for each additional student from the same family is **\$4,246.00**.

Non-Parishioner Tuition for the Academic School Year 2010-2011 for the first student in a family is **\$6,045.00**. Tuition for each additional student from the same family is **\$5,621.00**.

I/We understand that tuition will be collected by FACTS Management Company. I/We understand that we must elect from one of three payment options: Payment in full by June 1, 2010 (3% discount); Monthly: automatic fund withdrawal from a designated account; or payment billed to a major credit card. I/We understand that tuition full payment due or drafts will begin based upon our contractual agreement.

I/We understand that this agreement binds me/us to the payment of tuition. A student withdrawing from St. Peter's in the first semester must pay for the entire first semester. A student withdrawing during the second semester is bound to pay the entire years' tuition.

The After School Program Fees for the Academic School Year 2010-2011 will be \$150.00 per month payable on the first of the month September, 2010 through May, 2011; or \$12.00 per day on an as needed basis.

Also attached is the 2010-2011 Parishioner Status Form. Because a Parishioner's contributions must be consistent and recognizable ("in good standing"), it is imperative that our bookkeeping department have this information.

Additionally, below you will find the 2010-2011 fee schedule:

Non-Refundable Student Fees—Due May 20, 2010

Payment Option on Page 4

Consumables	\$ 180.00
Capitol Improvement	\$ 150.00
Diocesan Fee	\$ 45.00
Art, Technology and Yearbook	\$ 50.00
P.T.O. Student Dues	\$ 50.00
Total Due Per Student	\$ 475.00

My/Our signature below indicates that I/We have read, reviewed, understand and accept the information and terms as stated above. Failure to pay any fees within thirty (30) days from the due dates may result in enforcing a student's suspension from the school until the situation is rectified. I/We understand that we will be responsible for all legal fees incurred in the collection of any past due payments. In signing this agreement, I/We agree to accept the rules and regulations of St. Peter's Catholic School.

Date

Parent 1 or Father's Name (Please print)

Parent 1 or Father's Signature

Parent 2 or Mother's Name (Please print)

Parent 2 or Mother's Signature

If a party, in addition or in combination with Parent 1 and/or Parent 2 named and signed above, is to be held responsible for the payment of tuition, that party must read this Agreement, sign this document and provide the following information necessary for billing:

Date

Responsible Party's Name (Please print)

Responsible Party's Signature

Billing Address

Applicant Information

Yes, I wish to enroll my child in **St. Peter's School** for the 2010-2011 School Year

Final Acceptance is contingent upon payment of all fees and receipt of required documentation

Student's Name: _____
(Last) (First) (Middle)

Preferred Name: _____ Home Telephone: _____

Address: _____
(Street, Route, Box #)

(City) (State) (Zip)

Date of Birth: _____ Social Security Number: _____

Religion: _____ If Catholic, please list parish: _____

Emergency Contact (other than parent/guardian): _____

Grade Applying For:

K4 K5

1st 2nd

3rd 4th

5th 6th

Ethnicity

American Indian

Asian

Black

Hispanic

Multi Racial

White

US Citizen

Yes No

FAMILY INFORMATION

Parent 1/Father Name: _____

Stepparent Name: _____

Home Address (if different from student)

Home Phone _____

Cell Phone _____

Father Religion _____

Father Date & State of Birth _____

Father Ethnicity _____

Occupation/Title _____

Employer _____

Employer's Address _____

Business Phone _____

Saint Peter's Alumnus? Yes No Graduation Yr. _____

Student lives with: Mother Father Both Other: _____

Please check all that apply: Mother Deceased Father Deceased Parents Divorced Parents Separated

Please print the name and address you wish to have mailings sent, **if different from the student's primary address listed on this application.**

Name: _____

Address: _____

City/State/Zip: _____

Parent 2/Mother (include Maiden) Name: _____

Stepparent Name: _____

Home address (if different from student)

Home Phone _____

Cell Phone _____

Mother Religion _____

Mother Date & State of Birth _____

Mother Ethnicity _____

Occupation/Title _____

Employer _____

Employer's Address _____

Business Phone _____

Saint Peter's Alumnus? Yes No Graduation Yr: _____

FAMILY INFORMATION CONTINUED

Brothers/Sisters	Age/Grade	Attending or Year of Graduation from St. Peter's
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

ACADEMIC INFORMATION

List all of the schools your child has attended:

School	Dates Attended	City/State/Zip
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please answer the following questions regarding your child. As the application is reviewed during the admissions process, the information given will be used to better understand the applicant's past performance. This information is concerned confidential, and, if the application is accepted, will become part of his/her permanent record file. Additional sheets may be attached if necessary.

Please describe any significant events in your child's life, such as school changes, geographical moves, achievements, setbacks:

Has your student ever skipped a grade? Yes No Which grade? _____

Has your student ever repeated a grade? Yes No Which grade? _____

Please list any medical conditions or special circumstances your child has such as illness, allergies, learning differences, ADD, ADHD, physical handicaps, etc. If the applicant has documented learning differences, we MUST receive a copy of the psychoeducational evaluation and diagnosis.

Does your child take medication during the school day for an existing condition? If yes, please have your doctor fill out the Diocesan Medication Form located in your Parent/Student Handbook and forward the form to the School Office with the original pharmacy label attached to the medication. Should your physician suggest administering an over the counter medication, a Medication Form signed by your physician and a pharmacy label must be attached to this medication as well.

ACADEMIC INFORMATION CONTINUED

My child's strengths are: _____

My child's challenges are: _____

Has he/she been suspended/expelled from any academic environment, placed on probation, or been requested to withdraw? If Yes, please explain

FOR FAMILIES REGISTERED AT ST. PETER'S CATHOLIC CHURCH:

I am a parishioner "in good standing" of St. Peter's Catholic Church for a minimum of six months. As a parishioner I attend Sunday Mass weekly with my child, I consistently contribute an identifiable weekly offering, and I share in the various ministries of the Church. I acknowledge that failure to perform the above will result in the loss of my status as a "parishioner" and, when sixty days in arrears, I will be charged non-parishioner tuition rates at St. Peter's Catholic School. I am a registered contributing member (in good standing) of St. Peter's Catholic Church. Envelope # _____ Church Office will verify Parishioner status.

STUDENT FEES

- _____ **Option 1:** Payment of \$475.00 in one lump sum by May 20, 2010
- _____ **Option 2:** Payment in Monthly Installments:

March 20, 2010	\$ 158.33
April 20, 2010	\$ 158.33
May 20, 2010	\$ 158.34

DOCUMENTATION & FEES

A \$50 non-refundable Application Fee is due upon submission of your child's Enrollment Application.

A \$200.00 non-refundable Registration Fee is due within thirty (30) days of acceptance .

All Documentation received, all Fees paid and all accounts must be current prior to final acceptance of your student for the upcoming Academic School Year 2010-2011.

SCHOOL COMMUNICATION

St. Peter's Catholic School sends information regarding special events, reminders, and school publications via email. Please list all email address(es) that you would like to have included in these mailings

PARENTS/GUARDIAN STATEMENT

All information, including social security number, immunization record, birth certificate, Baptismal Certificate, previous school records, if applicable, must be included and the application must be signed and dated by a parent or guardian for the applicant to be considered for admission.

I have reviewed the information submitted in this application and understand that my child may be removed from the admissions process or denied admission for any misstatement or omission of information.

Parent/Guardian Signature

Date