



St. Peter's Catholic School

1035 Hampton Street Columbia, SC 29201

www.StPeters-Catholic-School.org

Phone 803-252-8285

Fax 803-254-4736

Application for Admission to Grade _____
Application Fee \$50.00

Application for Immediate Enrollment _____
Application for Fall 2012 _____

APPLICANT INFORMATION

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

Preferred Name: _____ Social Security Number : _____

Address: _____
(Street, Route, Box #)

(City) (State) (Zip)

Date of Birth:: _____ Sex: _____ Place of Birth : _____

Religion: _____ Church Affiliation: _____

Date of Baptism for Catholic Students: _____ Church of Baptism: _____

Ethnicity: _____ Asian _____ Black _____ Hispanic _____ Multi Racial _____ Native Hawaiiin/Pacific Islander _____ White

ACADEMIC INFORMATION

Please answer the following questions regarding your child. As the application is reviewed during the admissions process, the information provided will be used to better understand the applicant's past performance. This information is considered 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 Applicant ever skipped a grade? _____ Yes _____ No Which grade? _____

Has Applicant ever repeated a grade? _____ Yes _____ No Which grade? _____

Has Applicant ever been referred for academic evaluation, testing or remedial instruction? _____ Yes _____ No

Has Applicant ever been suspended or dismissed for academic, disciplinary or other reasons? _____ Yes _____ No

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.

List all of the schools your child has attended:	Dates Attended	Street Address/City/State/Zip
_____	_____	_____
_____	_____	_____
_____	_____	_____

FAMILY

Father's Name: _____

Mother's Name: _____

Stepparent Name: _____

Stepparent Name: _____

Home Address (if different from student) _____

Home address (if different from student) _____

Home Phone _____

Home Phone _____

Cell Phone _____

Cell Phone _____

Father Religion _____

Mother Religion _____

Father Ethnicity _____

Mother Ethnicity _____

Father Date & State of Birth _____

Mother Date & State of Birth _____

Father degree or highest grade completed _____

Mother degree or highest grade completed _____

Occupation/Title _____

Occupation/Title _____

Employer _____

Employer _____

Employer's Address _____

Employer's Address _____

Business Phone _____

Business Phone _____

Email address: _____

Email address: _____

Saint Peter's Alumnus? Yes No

Saint Peter's Alumnus? Yes No

Student lives with: Mother Father Both Other: _____

Please check all that apply: Mother Deceased Mother has Custody Parents Separated Parents have Joint Custody
 Father Deceased Father has Custody Parents Divorced Student is Adopted

***Custodial parent MUST provide court documentation to be placed on file in the School Office**

List Brothers and Sisters – include Age, Grade and School Attending

How did you hear about St. Peter's Catholic School? _____

CONDITIONS AND TERMS OF AGREEMENT – I UNDERSTAND AND AGREE TO THE FOLLOWING CONDITIONS OF ADMISSION:

1. This formal application for admission will not be considered until the non-refundable application fee of \$50 per applicant is paid. This fee is due when the application is submitted to the school.
2. Upon acceptance, you will be asked to pay the Registration Fee of \$200 per applicant and supply all requested documentation.
3. Students are admitted on a space available basis throughout the year. Re-registration is conducted annually for returning students.
4. If my child is accepted, I agree to comply with the rules of the school as outlined in the Parent/Student Handbook.
5. My child's application is considered complete, when all fees have been paid and all required documentation has been submitted and accepted in the School Office.
6. I understand that Tuition Assistance is available. To see if I qualify, I must complete and submit the enclosed Private School Aid Service Student Aid Form. Initial here if you have applied for Tuition Assistance _____

Signature: _____

Date: _____

**Please return this application with the \$50 nonrefundable application fee to
St. Peter's Catholic School, 1035 Hampton Street, Columbia, South Carolina 29201**