



Saint Peter Catholic School

2606 East 5th Street
Greenville, NC 27858

www.stpeterscatholicsschool.com

APPLICATION FORM

GRADES 1-8 2018-2019

GRADE APPLIED FOR _____

St. Peter Parish _____

Non-Parish _____

**WHEN A SEAT BECOMES AVAILABLE APPLICANT WILL BE INTERVIEWED AND SCREENED
BEFORE BEING ACCEPTED**

Student's Full Name _____ Sex _____

Name Child Goes By _____ Home Phone _____

Address _____ City _____ Zip _____

Date of Birth _____ Place of Birth _____

School Last Attended _____

FATHER'S NAME _____ Birthplace _____

Religion _____ Home Church _____

Occupation _____ Work Number _____

Father's Cell Number _____ E-mail _____

MOTHER'S FIRST/MAIDEN NAME _____ Birthplace _____

Religion _____ Home Church _____

Occupation _____ Work Number _____

Mother's Cell Number _____ E-mail _____

Please check if: Divorced _____ Separated _____

Who has legal custody? _____

With whom does applicant live? _____

- Please see other side -

Does applicant have a diagnosed learning style difference?

(ADD/ADHD/OTHER) _____ Yes _____ No

If yes, please attach a copy of psycho-educational report.

Is applicant currently on medication? _____ Yes _____ No

If yes, please list: _____

Does applicant have any medical conditions or physical handicaps the school should be aware of?

If yes, please list _____

Is applicant currently on medication? _____ Yes _____ No

If yes, please list: _____

Does applicant have any serious allergies?

If yes, please list: _____

EpiPen Yes _____ No _____

\$25.00 Application Fee Due With Application Form

Fee paid _____ Check# _____ Date _____