

# ST. PETER SCHOOL

## RE-REGISTRATION FORM 2012-2013

STUDENT'S NAME \_\_\_\_\_ TELE. \_\_\_\_\_

ADDRESS \_\_\_\_\_  
Last First Middle

# Street City/State/Zip

GRADE IN SEPT. \_\_\_\_\_ PARENT/GUARDIAN E-MAIL \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_

ETHNICITY (optional) \_\_\_ Black \_\_\_ Hispanic \_\_\_ Asian \_\_\_ Indian \_\_\_ Caucasian \_\_\_ Multi Racial

NAME OF CURRENT PARISH WHERE REGISTERED \_\_\_\_\_

FATHER \_\_\_\_\_ ADDRESS \_\_\_\_\_

If different from student

HOME TELE.NO. (If different from student) \_\_\_\_\_

EMPLOYMENT \_\_\_\_\_ WORK TELE. \_\_\_\_\_

Company name

ADDRESS \_\_\_\_\_ OCCUPATION \_\_\_\_\_

CELL PHONE NO. \_\_\_\_\_

MOTHER \_\_\_\_\_ ADDRESS \_\_\_\_\_

If different from student

MOTHER'S MAIDEN NAME \_\_\_\_\_

HOME TELE. NO. (If different from student) \_\_\_\_\_

EMPLOYMENT \_\_\_\_\_ WORK TELE \_\_\_\_\_

Company name

ADDRESS \_\_\_\_\_ OCCUPATION \_\_\_\_\_

CELL PHONE NO. \_\_\_\_\_

RELIGION \_\_\_\_\_

Student

Mother

Father

PERSON RESPONSIBLE FOR TUITION PAYMENTS \_\_\_\_\_

Name

ADDRESS OF RESPONSIBLE PERSON \_\_\_\_\_

If different from student

SIGNATURE OF RESPONSIBLE PERSON \_\_\_\_\_

DATE \_\_\_\_\_

OFFICE USE ONLY

Parish \_\_\_\_\_

Verified \_\_\_\_\_

Fee Pd \_\_\_\_\_

Rec'd By \_\_\_\_\_

