



ST. PETER SCHOOL

A Collaborative of St. Peter & St. Timothy Parishes

120 Mayfair Road • Warwick, RI 02888

(401) 781-9242 • stpeterschoolki.com

The Mission of St. Peter Catholic School is to create a caring, mutually respectful and inclusive community that works together to promote spiritual, academic and social growth.

2024-2025 Application for Admission

FOR OFFICE USE ONLY: Registration Paid: _____ Registration Date: _____

Applying for Grade: _____

STUDENT APPLICANT: Last Name: _____ FirstName: _____

Sex: ___M ___F

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone No. (TO BE USED ON ALL SCHOOL RECORDS) _____

Primary E-mail address (TO BE USED ON ALL SCHOOL RECORDS) _____

Additional Phone Nos. _____

Date of Birth: _____ City & State of Birth _____

Please list other children in family:

Name	Age	School Attending
_____	_____	_____
_____	_____	_____
_____	_____	_____

MOTHER: Last Name: _____ First: _____ Maiden _____

Address: _____ City: _____ State: _____ Zip _____

Religion: _____ E-Mail: _____

Phone No. _____

Business Name: _____ Occupation: _____

Business Address: _____ Work Phone: _____

PLEASE COMPLETE REVERSE SIDE

FATHER: Last Name: _____ First: _____ Middle: _____

Address: _____ City: _____ State: _____ Zip: _____

Religion: _____ E-Mail: _____

Phone No. _____

Business Name: _____ Occupation: _____

Business Address: _____ Work Phone: _____

Person Responsible for Tuition Payments _____

Name

Signature of Responsible Person _____

Child lives with both parents: (please check) _____ Child lives with one parent:(please check) _____

If one parent, which parent? _____

Indicate if child's parents are: Separated _____ Divorced _____ Deceased _____ Other _____

Child lives with step-parent: (please check) Step-mother _____ Step-father _____

Child lives with Legal Guardian _____

Legal guardian must submit a copy of the document indicating Proof of Guardianship.

Religion: _____ Registered Parish: _____

Baptism Date _____ Place: _____

First Reconciliation Date: _____ Place: _____

First Eucharist Date _____ Place: _____

School Presently Attending: _____ Grades Attended: _____

Address: _____

City: _____ State: _____ Zip: _____

Has your child ever received special services Yes No

If yes, explain services received _____

Acceptance to St. Peter School is conditional until the end of the first trimester. At that time, the new student is evaluated by administration and faculty to determine if St. Peter School is meeting the needs of the new student.

SIGNATURE OF PARENT OR GUARDIAN _____ DATE _____

SIGNATURE OF PERSON RESPONSIBLE FOR TUITION _____

Please submit the following with your completed application:

- 1. \$150.00 non-refundable application fee, cash or check payable to St. Peter School**
- 2. Copy of the applicant's most recent report card and standardized test scores (if applicable).**