



STS. PETER AND PAUL CATHOLIC SCHOOL

APPLICATION FOR ADMISSION

APPLYING FOR GRADE _____ ACADEMIC YEAR _____

APPLICANT INFORMATION

PLEASE TYPE OR PRINT

First name	Middle name	Last name	Prefers to be called
Date of birth	Place of birth	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Street address	City	State	Zip
Primary language spoken at home		Other languages spoken fluently	
Religious affiliation		Place of worship	

FAMILY INFORMATION

CHECK ALL THAT APPLY

Primary email: _____
(contact during admissions process)

Parents married
 Single parent
 Co-parents
 Guardian
 Parents separated
 Parents divorced
 Father deceased
 Mother deceased
 Other _____
(please explain)

Father remarried, stepmother's full name: _____

Mother remarried, stepfather's full Name: _____

If parents are divorced, who has legal custody? _____

If applicant does not live with both parents in one household, please describe living arrangements: _____

Who will be financially responsible for the education of this child? _____

Would you like us to send you information about financial aid? Yes No (Applying for financial aid has no bearing on admissions decisions.)

Parent/Guardian 1 Mr. Ms. Mrs. Dr.

First name	Middle initial	Last name	Prefers to be called	Relationship to applicant
Address (if different from applicant)		City	State	Zip
Place of employment		Occupation		Title/position
Business address		City	State	Zip
Business phone		Business email		
College/university attended: Undergraduate		Graduate		

Parent/Guardian 2 Mr. Ms. Mrs. Dr.

First name	Middle initial	Last name	Prefers to be called	Relationship to applicant
Address (if different from applicant)		City	State	Zip
Primary Phone		Occupation	Title/position	
Business address		City	State	Zip
Business phone		Business email		
College/university attended: Undergraduate		Graduate		

SIBLING INFORMATION

Sibling's full name	Birth date	Current school	Grade	<input type="checkbox"/> Male <input type="checkbox"/> Female
Sibling's full name	Birth date	Current school	Grade	<input type="checkbox"/> Male <input type="checkbox"/> Female

SCHOOL INFORMATION

Applicant's current school/preschool	Current grade	Dates attended		
School's address	City	State	Zip	Phone
Name of previous school attended	Address	Dates attended		

How did you hear about SPPCS? _____

RELATIVE WHO ATTENDED SPPCS

Name	Relationship to applicant	Name of school and location
Name	Relationship to applicant	Name of school and location

ETHNIC/RACIAL INFO

Please Check One

Hispanic

Non Hispanic

Please Check all That Apply

Black Or African American

Asian

American and Alaskan Native

Native Hawaiian and Pacific Islander

White

FAMILY QUESTIONNAIRE

What does your child like most about school?

What does your child find challenging?

What do you like most about your child's school?

How have you been involved in your child's school?

How does your child respond to new people and experiences?

What are the most important considerations for you in choosing an elementary school program?

What are the three most important questions you wish to have answered during your visit to Sts. Peter and Paul Catholic School?

FAMILY QUESTIONNAIRE CONT'D

Is your child on an IEP, ISP, or 504 Plan? If so, please describe briefly assistance needed for your child (Bring a copy of IEP or ISP)

For grades K-8 transfer students:

Is your child enrolled in a foreign language as part of his/her regular school curriculum? What language? For how long?

If application is not the result of a move or change of residence, briefly explain what you are hoping to accomplish for your child in changing schools?

SUBMISSION

Nonrefundable \$50 application fee is enclosed. A copy of the most recent report card is enclosed (for grades K-8 only).

I (we) hereby state that the information contained herein is true and complete. I (we) have not knowingly omitted any information regarding my (our) child.

Parent/Guardian signature Date

Parent/Guardian signature Date

Sts. Peter and Paul Catholic School does not discriminate on the basis of race, color, national or ethnic origin in the administration of its educational policies, admissions policies, or athletic and other school-administered programs.

OFFICE USE ONLY

School Tour Date _____ Interview Date _____

309 South Main, Kingfisher, OK 73750
405-375-4616 † 405-375-5296 †
stspeterandpaul.org