

Saints Peter & Paul Catholic School Registration Form

370 East End Street, 15009

724-774-4450 * www.ssppbeaver.org



STUDENT DATA: (Please Print Clearly)

ENTERING GRADE: _____

Student's Last Name:	First:	Middle:
Address:		<input type="checkbox"/> Male <input type="checkbox"/> Female
City: PA	Zip:	Phone:
Date of Birth:	Public School District of Residence (taxes pd to):	
Current School (other than SSPP):	School Name this Student Would Attend (if Different than Current)	
Student Religion:	If Catholic, Name of Parish:	
Ethnicity: <input type="checkbox"/> African; American <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Caucasian <input type="checkbox"/> Multi-racial <input type="checkbox"/> Pacific Island <input type="checkbox"/> Other		
Transportation: <input type="checkbox"/> Car Rider <input type="checkbox"/> Walker <input type="checkbox"/> Busing Needed		

FAMILY DATA: (Please Print Clearly)

Mother

Father (Same information does not have to be repeated)

Name:	Name:
Address:	Address:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Emergency Phone:	Emergency Phone:
E-mail:	E-mail:
Occupation:	Occupation:
Employer:	Employer:
Business Phone:	Business Phone:
Religion:	Religion:
Parish where registered:	Parish where registered:
SSPP School Alumni: <input type="checkbox"/> Yes <input type="checkbox"/> No	SSPP School Alumni: <input type="checkbox"/> Yes <input type="checkbox"/> No

Please check this box if financial aid is needed. Please visit www.diopitt.org/affordable

GUARDAINSHIP (If Applicable)

Student resides with: Both Parents Mother only Father only Joint Custody Other: _____

Parents/Guardians Marital Status: Married Separated Divorce Widowed Single Parent

Custody: A legal document stating guardianship must be provided in cases of divorce with sole and/or shared custody

Student's Legal guardian (if other than parent): _____

Relationship to the student: _____

Mail will be sent to student's address. How do you wish correspondence from the school to be addressed?

Please Print

If a second copy of the school packet is requested, how do you wish it to be sent?

Send home with student and we will forward the packet or

Mail to (Please print name and address below)

Name:
Address:
Relationship:

Saints Peter & Paul uses the OptionC emergency response system for notifications. The instant notification system is a telephone system used to communicate important updates to parents about school closings, delays, emergencies, or other urgent or timely information. These notifications will be done using telephone calls, e-mails and text messages depending on the type of information contained in the message. For emergencies, all contact numbers and e-mail addresses will be utilized. Please list below your first & second choice (only 2nd choice if needed) for each manner of communication. This information will be used in all school related lists. If you do not wish to have us contact you on your land line (home) phone, please leave empty.

Home Phone (If Applicable)

Cell Phone

E-mail

Sacramental Information: **(New Applicants Only)**

Check here if Non-Catholic

	Date:	Church:	City/State:
Baptism:			
First Communion:			
Confirmation:			

In order to provide the best education for your child, please complete the following:

Has your child ever:

1. Had a psychological evaluation? Yes No
2. Been diagnosed with any of the following:
 LD (Learning Disability) ADD (Attention Deficit Disorder) ADHD (Attention Deficit Hyperactive Disorder)
 ASD (Autism Spectrum Disorder) ODD (Oppositional Disorder) Other

Does your child take medication associated with this diagnosis? Yes No

If Yes, please specify: _____

3. Received any of the following services:
 Counseling Emotional Support Remedial Math Remedial Reading
 Speech/Language Learning Support Other

4. Had/has an IEP? (Please submit a copy) Yes No Disability: _____
Had/has a 504 Plan? (Please submit a copy) Yes No Disability: _____

5. Been diagnosed with a medical condition that the school should be aware of? Yes No
If yes, please explain:

6. Repeated a grade: Yes No If yes, which grade? _____

7. Received a suspension from school? Yes No If yes, explain:

8. Asked to Transfer? Yes No If yes, explain:

9. Been expelled from school? Yes No If yes, explain:

Please return this application with a non-refundable **Registration Fee of \$50 and an Activity Fee of \$30** to the school office. All fees and documentation must be current before final acceptance can be determined. Checks and money orders should be made payable to Saints Peter & Paul School.

New students are accepted on a probationary basis. New students and their families should be cognizant of, and willing to comply with, all school expectations. If problems arise during the probationary period which have not been resolved, the student will be required to transfer.

I attest that the above information is true.

Parent/Guardian Signature

Date

For Office Use Only:

- Birth Certificate Baptism Certificate Immunization Pastor Verification Academic Records
 Discipline Records Psychological Report (if applicable) Registration Fee Activity Fee