

**PARENT INFORMATION**

**FEMALE PARENT/GUARDIAN** who resides with the student at the household address listed above:

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Legal Guardian? Yes / No

Home Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ Extension: \_\_\_\_\_

Are you alumni of any Clinton Catholic High School? Yes/No Year \_\_\_\_\_

**MALE PARENT/GUARDIAN** who resides with the student at the household address listed above:

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Legal Guardian? Yes / No

Home Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ Extension: \_\_\_\_\_

Are you alumni of any Clinton Catholic High School? Yes/No Year \_\_\_\_\_

**HOUSEHOLD INFORMATION**

Street Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Phone Unlisted? Yes / No

**MAILING ADDRESS:**  Same as household address

Mailing Address/PO Box #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**REQUIRED FIELDS**

I enter into this contract with Prince of Peace Academy and College Preparatory. I understand that my tuition must be kept current in order for my child(ren) to remain enrolled in Prince of Peace Schools.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I give permission for my student(s) to receive emergency medical treatment in the event that no emergency contacts can be reached. Yes / No

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I give permission for the School Administrator, Associate Principal and Counselor to contact my student's most recently attended school's administration prior to the student's enrollment. Yes / No Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\*Please complete student information on the backside of this form. If you have more than 2 students, please request extra forms from the school office.*

**STUDENT INFORMATION**

Legal Last Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Gender: Male / Female

Legal First Name: \_\_\_\_\_

What grade will this student be entering in August 2011? \_\_\_\_\_

Middle Name: \_\_\_\_\_

Is this student Hispanic/Latino? Yes / No (Cuban, Mexican, Puerto Rican, South or Central American or other Spanish Culture)

Birth Country: \_\_\_\_\_

What is this student's race? **(Choose one or more)**

\_\_\_ White \_\_\_ Black/African American \_\_\_ Asian

\_\_\_ Native Hawaiian or other Pacific Islander \_\_\_ American Indian /Alaskan Nativ

**Kindergarten Only:** Attended Preschool? Yes / No

Has a 504 or IEP ever been developed for this student? Yes/ No

Has this student ever participated in or assigned to an educational program? Yes/No (Examples: GAT (Gifted and Talented) or at risk or mentoring programs)

Please list any subjects in which this student has been tutored: \_\_\_\_\_

Student's current medications: \_\_\_\_\_ Student's health concerns: \_\_\_\_\_ Allergies: \_\_\_\_\_

Student's Religion: \_\_\_\_\_ Is this student a member of Prince of Peace Parish? Yes / No

If yes, a Prince of Peace Parishioner Covenant must be completed and returned to the **Parish Office**.

Last school attended: \_\_\_\_\_ School's Phone Number: \_\_\_\_\_

Legal Last Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Gender: Male / Female

Legal First Name: \_\_\_\_\_

What grade will this student be entering in August 2011? \_\_\_\_\_

Middle Name: \_\_\_\_\_

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