

PARENT INFORMATION

<p>FEMALE PARENT/GUARDIAN who resides with the student at the household address listed above:</p> <p>Last Name: _____</p> <p>First Name: _____</p> <p>Relationship: _____ Legal Guardian? Yes / No</p> <p>Home Phone: (____) _____</p> <p>Cell Phone: (____) _____</p> <p>Work Phone: (____) _____ Extension: _____</p> <p>Email Address: _____</p> <p>Are you alumni of any Clinton Catholic High School? Yes/No Year _____</p>	<p>MALE PARENT/GUARDIAN who resides with the student at the household address listed above:</p> <p>Last Name: _____</p> <p>First Name: _____</p> <p>Relationship: _____ Legal Guardian? Yes / No</p> <p>Home Phone: (____) _____</p> <p>Cell Phone: (____) _____</p> <p>Work Phone: (____) _____ Extension: _____</p> <p>Email Address: _____</p> <p>Are you alumni of any Clinton Catholic High School? Yes/No Year _____</p>
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HOUSEHOLD INFORMATION

<p>Street Address: _____ Apt #: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Home Phone: _____ Phone Unlisted? Yes / No</p>	<p>MAILING ADDRESS: <input type="checkbox"/> Same as household address</p> <p>Mailing Address/PO Box #: _____</p> <p>City: _____ State: _____ Zip: _____</p>
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REQUIRED FIELDS

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

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: _____

**Please complete student information on the backside of this form. If you have more than 3 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 your student be entering in August 2012? _____

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 the student's race? **(Choose one or more)**

___ White ___ Black/African American ___ Asian

___ Native Hawaiian or other Pacific Islander ___ American Indian /Alaskan Native

Kindergarten Only: Attended Preschool? Yes / No

Student's current medications: _____ Student's health concerns: _____ Allergies: _____

Student's Religion: _____ Is the 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**.

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