

PARENT INFORMATION - We text and email as our primary means of communication

PARENT/GUARDIANS who reside with the student(s) at the household address listed below:

Last Name: _____ First Name: _____ Relationship: _____ Legal Guardian? Y N

Last Name: _____ First Name: _____ Relationship: _____ Legal Guardian? Y N

Street Address: _____ Apt #: _____ City: _____ State: _____ Zip: _____

Contact #1 Cell: (____) _____ Contact #1 Work: (____) _____

Contact #2 Cell: (____) _____ Contact #2 Work: (____) _____

Contact #1 Email Address: _____

Contact #2 Email Address: _____

PARENT/GUARDIANS who **DO NOT** reside with the student(s) at the household address listed below:

Last Name: _____ First Name: _____ Relationship: _____ Legal Guardian? Y N

Last Name: _____ First Name: _____ Relationship: _____ Legal Guardian? Y N

Street Address: _____ Apt #: _____ City: _____ State: _____ Zip: _____

Contact #1 Cell: (____) _____ Contact #1 Work: (____) _____

Contact #2 Cell: (____) _____ Contact #2 Work: (____) _____

Contact #1 Email Address: _____

Contact #2 Email Address: _____

STUDENT INFORMATION

Student Name: _____ Grade (Fall of 2023): _____

Student Name: _____ Grade (Fall of 2023): _____

Student Name: _____ Grade (Fall of 2023): _____

Student Name: _____ Grade (Fall of 2023): _____

Student Name: _____ Grade (Fall of 2023): _____

**** If you have a student entering Kindergarten, please complete the Kindergarten Student Section ****

Are you applying for financial aid? Yes No

Would you like after school care information? Yes No Days & Times? _____

Are you a member of Prince of Peace Parish? Yes No

Please complete both pages of this form.

KINDERGARTEN STUDENT INFORMATION

Legal Last Name: _____ First Name: _____ Middle Name: _____

Date of Birth: _____ Gender: Male Female Birth Country: _____

Is this student Hispanic/Latino? Yes No

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

White

Black/African American

Asian

Native Hawaiian or other Pacific Islander

American Indian/Alaskan Native

Student's Religion? _____ Preschool Attended: _____

Do any of the following apply for this student?

504

IEP

Other (*Gifted and Talented or at risk programs*) _____

Legal Last Name: _____ First Name: _____ Middle Name: _____

Date of Birth _____ Gender: Male Female Birth Country: _____

Is this student Hispanic/Latino? Yes No

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

White

Black/African American

Asian

Native Hawaiian or other Pacific Islander

American Indian/Alaskan Native

Student's Religion? _____ Preschool Attended: _____

Do any of the following apply for this student?

504

IEP

Other (*Gifted and Talented or at risk programs*) _____

REQUIRED FIELDS

Please **read** and **initial each statement**. A **signature and date** are also required.

_____ 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 Catholic School.

_____ The information submitted is true to the best of my ability. If any information submitted here today changes, I will notify the school office immediately.

_____ I have read and am responsible for following the Parental Expectations found in the Parent/Student Handbook.

Parent/Guardian Signature: _____ Date: _____

Please complete both pages of this form.