

Ss. PETER & PAUL SCHOOL
REGISTRATION FORM
(For New Families Only)

CHILD'S NAME _____
Last First M.I. Sex

DATE OF BIRTH _____
Month Day Year

PLACE OF BIRTH _____
City State Zip

PRESENT ADDRESS _____
Street City State Phone #

FATHER'S NAME _____
Last First M.I. Religion

FATHER'S PHONE # _____
Work Phone # Cell Phone #

MOTHER'S NAME _____
Last First Maiden Name Religion

MOTHER'S PHONE # _____
Work Phone # Cell Phone #

SACRAMENTS RECEIVED:

BAPTISM _____
Name of Church & Address Date

RECONCILIATION _____
Name of Church & Address Date

FIRST COMMUNION _____
Name of Church & Address Date

******* All new students will need a copy of their birth certificate, baptismal certificate,
current physical and dental forms and their social security card *******