



Date of Application : \_\_\_\_\_

Grade Applying for: \_\_\_\_\_

## Application for Admission

App. Fee Pd.	
Enrollment Fee Pd.	

### Student Information

Child's Legal Name \_\_\_\_\_

Name Child Goes By \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

County \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_

Gender \_\_\_\_\_ Birth Date \_\_\_\_\_ Birth Place \_\_\_\_\_

### Student's Educational Information

Current School \_\_\_\_\_

Previous School (s) Attended:

Name \_\_\_\_\_ Grade \_\_\_\_\_ Location \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ Location \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ Location \_\_\_\_\_

Public school child would attend \_\_\_\_\_

Has your child been home schooled and if 'yes' which program did you follow? \_\_\_\_\_

### Ethnic Background (for census information only)

Asian  African American  Hispanic  Pacific Island or Hawaiian   
American Indian  Caucasian  Multi Racial

If bilingual, language spoken at home \_\_\_\_\_

Religious Affiliation \_\_\_\_\_ Parish/Place of worship \_\_\_\_\_

### Sacramental Information

Date	Church	City/State
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Baptism \_\_\_\_\_

Penance \_\_\_\_\_

First Communion \_\_\_\_\_

Confirmation \_\_\_\_\_

## General Information- Parent/Guardian

Married  Separated\*  Divorced\*  Other

Who has legal custody? Both Father Mother Other

Child resides with? Both Father Mother Other

Mail report cards to? Both Father Mother Other

Who is responsible for tuition? Both Father Mother Other

If you answered "Other" to any information above please provide additional information. \_\_\_\_\_ an-

### Father or Guardian (please indicate role)

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Religion \_\_\_\_\_ Parish/Place of Worship \_\_\_\_\_

U.S. Citizen Yes  No

Education: Elementary  High School  College/Technical School  Advanced

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Employer Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Home Address & Phone # (if different from applicant's) \_\_\_\_\_

City/State/City/Zip \_\_\_\_\_ County \_\_\_\_\_

Are you a St. Peter Claver Alum? Yes  No  Year of Graduation \_\_\_\_\_

### Mother or Guardian (please indicate role)

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Religion \_\_\_\_\_ Parish/Place of Worship \_\_\_\_\_

U.S. Citizen Yes  No

Education: Elementary  High School  College/Technical School  Advanced

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Employer Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Home Address & Phone # (if different from applicant's) \_\_\_\_\_

City/State/City/Zip \_\_\_\_\_ County \_\_\_\_\_

Are you a St. Peter Claver Alum? Yes  No  Year of Graduation \_\_\_\_\_

**Student Medical Information**

Does your child take any type of medication on a regular basis? Yes  No  If yes, please explain. \_\_\_\_\_

Does your child have any health problems (i.e., allergies to foods, medicine, bee stings, diabetes, asthma, seizures, etc.)? If yes, explain: \_\_\_\_\_

Has your child ever been recommended for further evaluation (i.e., academic, learning, behavioral or attention problems)? Yes  No  If yes, please provide the date of the evaluation and provide a copy of the evaluation with the application. \_\_\_\_\_

If your child has ever been tested for the following, please explain when and where:

Gifted \_\_\_\_\_

Learning Disability \_\_\_\_\_

Speech/Language Disability \_\_\_\_\_

Attention Deficit Disorder or Hyperactivity \_\_\_\_\_

Does your child have any socialization or behavioral problems? Yes  No  If yes, please explain. \_\_\_\_\_

Has your child ever been put on probation, suspended or dismissed from another school for disciplinary and /or academic reasons? Yes  No  If yes, please provide name of school, grade and school year. \_\_\_\_\_

**Family Participation**

As a school community, St. Peter Claver has various functions to which immediate family are invited. Please provide the following information so that we can invite them to SPC events:

Sibling Name	Age

**Parental Goals and Assessment**

*In order for the admissions committee to evaluate your child and his/her needs in regard to the programs offered at St. Peter Claver Regional Catholic School, please answer the following questions.*

Describe the type of educational program and environment that you desire for your child. What goals or objectives would you like for the teacher to emphasize regarding your child?

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Please provide us with your perspective on your child. Describe your child's strengths and abilities and special areas of interest and concern.

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Name one area that you wish your child to develop.

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Provide any additional information regarding your family (adoption, divorce, separation, changes in schools, death of relatives/friends or child (fears, social problems etc.) that would help us to understand his/her educational or personal needs.

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**Additional Information**

How did you hear about St. Peter Claver Regional Catholic School? \_\_\_\_\_  
\_\_\_\_\_

Does the applicant have any siblings currently enrolled at St. Peter Claver ? Yes  No  If yes, name(s) & grade(s) \_\_\_\_\_

Name(s) and grade(s) of other siblings applying this year.  
\_\_\_\_\_  
\_\_\_\_\_

**Parent Involvement**

Active parents enhance the school’s ability to provide an excellent education. Acceptance to St. Peter Claver means each family must complete "Love Hours" of service each year. Once accepted, parents will be asked to sign a contract which outlines your financial obligations and pledges your support of SPC’s “Love Hours” policy.

**Statement of Accuracy and Authenticity**

I have read and understand this application, and I certify that the information I have submitted is complete and accurate to the best of my knowledge. I agree to communicate in writing to the Principal any changes herein, even if said changes occur after enrollment. I understand that upon discovery of substantial inaccuracy or omission of information requested, St. Peter Claver Regional Catholic School has the right to revoke admission to the school. I agree to abide by all the policies and procedures of St. Peter Claver Regional Catholic School and the Archdiocese of Atlanta.

Signature of Parent/Guardian \_\_\_\_\_ Today’s Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Today’s Date \_\_\_\_\_

*St. Peter Claver Regional Catholic School admits students of any gender, race, color, national and ethnic origin and does not discriminate in the administration of its education policies, admission policies, tuition assistance programs and other school administered programs.*