



SAINTS PETER AND PAUL CATHOLIC SCHOOL

Registration Form 2021-2022

Parent/Guardian: Please fill in all required data (IN BLUE OR BLACK INK) as neatly as possible and return to the school office or email to Jennifer.groves@sppshopkinsville.org.

STUDENT'S NAME _____ (M / F) GRADE _____
LAST FIRST MIDDLE CIRCLE ONE

ADDRESS _____ PHONE _____
(STREET)

CITY _____ STATE _____ ZIP _____

STUDENT'S SOCIAL SECURITY # _____

BIRTHDATE _____ PLACE _____
MONTH DAY YEAR CITY STATE

BAPTISM _____ CHURCH _____
MONTH DAY YEAR CITY STATE

FIRST COMMUNION _____ CHURCH _____
MONTH DAY YEAR CITY STATE

SCHOOL PREVIOUSLY ATTENDED (if any) _____ GRADE _____

Previous School Address City, State, Zip Phone Number

Guardian/Person Child Lives With Relationship Language Spoken in Home

Medical Information/Procedure for Medical Emergency

DOCTOR TO BE CALLED IN THE EVENT OF AN EMERGENCY _____ PHONE _____

FOOD ALLERGIES _____ LIFE THREATENING? _____

MEDICATION ALLERGIES: _____

OTHER MEDICAL CONDITIONS? _____ Office may administer OTC medications: ___ Yes ___ No

List Names and Telephone Numbers of two friends or relatives who could be contacted to care for your child in case of sickness or an emergency if you cannot be reached. (Names listed may be asked to provide picture I.D.)

Name of Friend or Relative: _____ Phone Number(s): _____

In the event of illness or accident, I understand that I will be notified if at all possible. In case of emergency and cannot be reached, Sts. Peter and Paul School has my permission to take the above mentioned student to the Emergency Room at Jennie Stuart Medical Center after the above mentioned doctor has been notified. Your digital signature will serve as your official signature. Please check the box if you wish to provide a non-digital signature.

Parent Signature: _____ Date: _____

More on reverse...

PARENT INFORMATION

FATHER _____ **RELIGION** _____

HOME PHONE _____ **SOCIAL SECURITY NUMBER** _____

If different than student: **ADDRESS** _____
STREET CITY STATE ZIP CODE

EMPLOYER _____ **BUSINESS PHONE** _____

MILITARY RANK _____ **COMMANDING OFFICER** _____

ADDRESS _____

Married _____ Divorced _____ Remarried _____ Widowed _____ Single _____ Deceased _____

CELL PHONE: _____ **EMAIL ADDRESS:** _____

MOTHER _____ **RELIGION** _____

HOME PHONE _____ **SOCIAL SECURITY NUMBER** _____

If different than student: **ADDRESS** _____
STREET CITY STATE ZIP CODE

EMPLOYER _____ **BUSINESS PHONE** _____

MILITARY RANK _____ **COMMANDING OFFICER** _____

ADDRESS _____

Married _____ Divorced _____ Remarried _____ Widowed _____ Single _____ Deceased _____

CELL PHONE: _____ **EMAIL ADDRESS:** _____

HOW DID YOU HEAR ABOUT SPPS?

___ **Social Media** ___ **Mail** ___ **Advertising** \implies _____ **Name of Publication**

Referred by a friend? Name of referring friend? _____

SPPS offers a \$500 tuition credit for participating in our Saintly Service program. In exchange for the credit, we ask that families volunteer for the school a minimum of 30 hours. If the 30 hour requirement has not been met by the last day of school, the charge for outstanding hours will be \$20 per hour.

Our family will participate in the Saintly Service Program: ___ **Yes** ___ **No**

I hereby approve and attest that all information is true and correct. All information will be updated when needed.

By signing below, I agree that all registration fees are non-refundable and due at the time of registration.

Signature of Parent or Guardian

Date