



SAINTS PETER AND PAUL SCHOOL
Student Application
2017-2018
JOLIET DIOCESAN SCHOOL SYSTEM

1. STUDENT INFORMATION:

NAME _____ SEX: M ___ F ___
 LEGAL LAST NAME FIRST MIDDLE
 ENTRANCE DATE _____ GRADE _____ RELIGION _____
 MONTH/DAY/YEAR IN 2016-2017
 FROM _____ CITY _____ STATE _____
 NAME OF SCHOOL
 BIRTHDATE _____ BIRTHPLACE _____ SOCIAL SECURITY# _____
 MONTH/DAY/YEAR CITY STATE
 ADDRESS _____ CITY _____ ZIP _____ PHONE () _____
 HOME E-MAIL ADDRESS _____ SUBDIVISION _____
 WHAT PUBLIC SCHOOL WOULD YOU ATTEND? _____ DISTRICT # _____
 HOW MANY MILES DO YOU LIVE FROM THE CATHOLIC SCHOOL? _____

HOME SITUATION: (CIRCLE THE NUMBER OF THE SITUATION THAT APPLIES)

- | | |
|--|---|
| 1. LIVING WITH BOTH PARENTS. | 7. PARENTS DIVORCED; LIVING WITH MOTHER ALONE, OR MOTHER AND STEPFATHER. (CIRCLE ONE) |
| 2. LIVING WITH SINGLE MOTHER/FATHER. (CIRCLE ONE) | 8. PARENTS DIVORCED; LIVING WITH FATHER ALONE, OR FATHER AND STEPMOTHER. (CIRCLE ONE) |
| 3. FATHER NOT LIVING; LIVING WITH MOTHER ALONE, OR MOTHER AND STEPFATHER (CIRCLE ONE) | 9. LIVING WITH GUARDIANS WHO ARE RELATIVES. |
| 4. MOTHER NOT LIVING; LIVING WITH FATHER ALONE, OR FATHER AND STEPMOTHER. (CIRCLE ONE) | 10. OTHER _____ |
| 5. PARENTS SEPERATED; LIVING WITH MOTHER. | |
| 6. PARENTS SEPERATED; LIVING WITH FATHER. | |
- IF #5 THROUGH #10 IS CIRCLED: WHO HAS CUSTODIAL RIGHTS?

2. FATHER, STEPFATHER, GUARDIAN (CIRCLE ONE) INFORMATION:

NAME _____ SOCIAL SECURITY# _____
 LEGAL LAST NAME FIRST MIDDLE
 RELIGION _____ PARISH _____
 HOME ADDRESS _____ CITY _____ STATE _____ ZIP _____
 (IF DIFFERENT FROM STUDENT'S ADDRESS)
 PLACE OF BIRTH _____ EDUCATION: 8 9 10 11 12 13 14 15 BA MA PHD
 CITY STATE (CIRCLE HIGHEST GRADE COMPLETED)
 Home Phone () _____ Cell Phone _____ Work Phone () _____
 EMPLOYER _____ OCCUPATION _____ POSITION _____

3. MOTHER, STEPMOTHER, GUARDIAN (CIRCLE ONE) INFORMATION:

NAME _____ SOCIAL SECURITY# _____
 LEGAL LAST NAME FIRST MAIDEN
 RELIGION _____ PARISH _____
 HOME ADDRESS _____ CITY _____ STATE _____ ZIP _____
 (IF DIFFERENT FROM STUDENT'S ADDRESS)
 PLACE OF BIRTH _____ EDUCATION: 8 9 10 11 12 13 14 15 BA MA PHD
 CITY STATE (CIRCLE HIGHEST GRADE COMPLETED)
 Home Phone () _____ Cell Phone _____ Work Phone () _____
 EMPLOYER _____ OCCUPATION _____ POSITION _____

FOR OFFICE USE ONLY DATE OF PARISH REGISTRATION: _____ BIRTH _____ BAPTISM _____

NEW SIBLING ACCEPTED _____ WAITING LIST _____ LETTER SENT _____ FEE _____

PARISH: SAINTS PETER AND PAUL _____

 ST. MARGARET MARY _____

 ST. THOMAS THE APOSTLE _____

 ST. ELIZABETH SETON _____

 OUR LADY OF MERCY _____

 ST. RAPHAEL _____

 HOLY SPIRIT _____

 OTHER _____

SACRAMENTS:	<u>DATE</u>	<u>CHURCH</u>	<u>CITY & STATE</u>
BAPTISM	_____	_____	_____
RECONCILIATION	_____	_____	_____
HOLY EUCHRIST	_____	_____	_____
CONFIRMATION	_____	_____	_____

IS CHILD BI-LINGUAL? YES ___ NO ___ SECOND LANGUAGE: _____

STUDENT ETHNICITY: ___ American Indian/Native ___ Alaskan ___ Asian ___ Black ___ Hispanic

 ___ Native Hawaiian/Pacific Islander ___ White ___ Multi Racial

(Please check one for reporting purposes only.)

HEALTH CONCERNS AND ALLERGIES: _____

NON-ATTENDING CHILDREN: Please list any children (up to age 14) who will not attend SSPP in 2017-2018

Child's Name	Birth Date	Gender
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Please return a completed application form and, for new families, a \$100 non-refundable application fee to:
Saints Peter and Paul Catholic School, 201 E. Franklin Avenue, Naperville, IL 60540**