

**Family Information for Admission
St. Peter Roman Catholic School**

140 North Sixth Street
Lewisotn, New York 14092
(716) 754-4470

stpeterprincipal@wny.twcbc.com

www.stpeterrc.org

PLEASE TYPE OR PRINT THE INFORMATION

Household Name: _____ Household Language: _____

Household Address: _____

Telephone: _____
Area Code _____

Father's Name: _____

Father's Email: _____ Cell Phone: _____

Father's Occupation: _____ Title or Position: _____

Name of Company: _____ Business Phone: _____

Business Address: _____

Mother's Name: _____

Mother's Email: _____ Cell Phone: _____

Mother's Occupation: _____ Title or Position: _____

Name of Company: _____ Business Phone: _____

Business Address: _____

Guardian Name _____ Guardian e-mail _____
(if applicable) (if different from Household)

Guardian Address: _____

Telephone: _____ Cell Phone: _____
Area Code _____

Student Legal Name: _____

Address: _____

Telephone: _____ Birth Date: _____ School District: _____
Area Code _____

Birth Place: _____ Date Entered United States: _____

_____ (If outside the United States)

Parish Affiliation: _____ Religion: _____

Present School: _____ Nickname: _____

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Check where appropriate: Parents together: _____ Parents Divorced: _____ Parents Separated: _____

*If parents are divorced, a copy of the custody agreement must be provided to the school.

Student resides with: Both parents: _____ Mother: _____ Father: _____ Guardian: _____

Student Ethnicity: ___Caucasian___ Black ___ Hispanic ___ Asian ___ Alaskan ___ Multiracial ___ American Indian

Siblings (Name(s) & Age(s): _____

Paternal Grandparents: _____

Address: _____

No. Street PO Box # City/Town Zip

Maternal Grandparents: _____

Address: _____

No. Street PO Box # City/Town Zip

Emergency Contacts Besides parent(s), grandparent(s), guardian(s):

Name: _____ Relationship to student: _____

Address: _____ Telephone #: _____

Number Street City Zip

Business Phone: _____ Cell Phone: _____

Name: _____ Relationship to student: _____

Address: _____ Telephone #: _____

Number Street City Zip

Business Phone: _____ Cell Phone: _____

Name: _____ Relationship to student: _____

Address: _____ Telephone #: _____

Number Street City Zip

Business Phone: _____ Cell Phone: _____

Sacraments:

Baptism: _____

Date Church City

First Reconciliation: _____

Date Church City

First Eucharist: _____

Date Church City

Application Received: _____ Reviewed: _____ Accepted: _____

Materials Sent: _____ Start Date _____ Registration Fee (if applic.) _____