



Peru Catholic School

REGISTRATION FORM

Family Last Name: _____ Date of Registration: _____

Address: _____ City: _____ Zip Code: _____

Phone: _____ E-mail: _____

Student(s) lives with: Both Parents _____ Mother _____ Father _____ Other _____

Father's Information Name: _____

Religion: _____ Parish: _____ Occupation: _____

Employer: _____ Work Ph. # _____ Cell # _____

Mother's Information Name: _____

Religion: _____ Parish: _____ Occupation: _____

Employer: _____ Work Ph. # _____ Cell # _____

Student Information #1 Name: _____ Last _____ First/Middle _____

Grade: _____ Gender: _____ Ethnic Background: _____ Religion: _____

Social Security #: _____ Birthday: _____

Catholics Only: Please enter the date that this child received the Sacraments:

Baptismal: _____ 1st Communion _____ Confirmation: _____

Allergies, Chronic Health Problems and Related Medications: _____

Student Information #2 Name: _____ Last _____ First/Middle _____

Grade: _____ Gender: _____ Ethnic Background: _____ Religion: _____

Social Security #: _____ Birthday: _____

Catholics Only: Please enter the date that this child received the Sacraments:

Baptismal: _____ 1st Communion _____ Confirmation: _____

Allergies, Chronic Health Problems and Related Medications: _____

Please continue to fill out this form on the back and sign it at the bottom of page 2.

Student Information #3

Name: _____
Last First/Middle

Grade: _____ Gender: _____ Ethnic Background: _____ Religion: _____

Social Security #: _____ Birthday: _____

Catholics Only: Please enter the date that this child received the Sacraments:

Baptismal: _____ 1st Communion _____ Confirmation: _____

Allergies, Chronic Health Problems and Related Medications: _____

Student Information #4

Name: _____
Last First/Middle

Grade: _____ Gender: _____ Ethnic Background: _____ Religion: _____

Social Security #: _____ Birthday: _____

Catholics Only: Please enter the date that this child received the Sacraments:

Baptismal: _____ 1st Communion _____ Confirmation: _____

Allergies, Chronic Health Problems and Related Medications: _____

Student Information #5

Name: _____
Last First/Middle

Grade: _____ Gender: _____ Ethnic Background: _____ Religion: _____

Social Security #: _____ Birthday: _____

Catholics Only: Please enter the date that this child received the Sacraments:

Baptismal: _____ 1st Communion _____ Confirmation: _____

Allergies, Chronic Health Problems and Related Medications: _____

FOR TRANSFER STUDENTS

School Last Attended

Name: _____

Address: _____

I approve and endorse this registration of my son(s)/daughter(s) and as a condition of acceptance as a student, I hereby guarantee to Peru Catholic School payment of tuition, school fees, and other expenses as may be incurred. In addition, I hereby agree to know and abide by the policies, philosophy, rules and regulations of Peru Catholic School as stated in the handbook and will see that my son(s)/daughter(s) also abides by them.

Parent/Guardian Signature: _____

Date: _____