



# APPLICATION FOR ADMISSION

1035 Hampton Street Columbia, SC 29201

[www.StPetersCatholicSchool.org](http://www.StPetersCatholicSchool.org)

Phone 803-252-8285

Fax 803-254-4736

Application for Admission to Grade \_\_\_\_\_  
Application Fee \$50.00

Application for Immediate Enrollment \_\_\_\_\_  
Application for Fall \_\_\_\_\_  
Enter Year

### APPLICANT INFORMATION

Applicant's Name: \_\_\_\_\_  
(Last) (First) (Middle)

Preferred Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street, Route, Box #)

\_\_\_\_\_  
(City) (State) (Zip)

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Religion: \_\_\_\_\_ Church Affiliation: \_\_\_\_\_

Date of Baptism for Catholic Students: \_\_\_\_\_ Church of Baptism: \_\_\_\_\_

Ethnicity: \_\_\_ Asian \_\_\_ Black \_\_\_ Hispanic \_\_\_ Multi Racial \_\_\_ Native American \_\_\_ Native Hawaii/Pacific Islander \_\_\_ White

### ACADEMIC INFORMATION

*Please answer the following questions regarding your child. As the application is reviewed during the admissions process, the information provided will be used to better understand the applicant's past performance. This information is considered confidential, and, if the application is accepted, will become part of his/her permanent record file. Additional sheets may be attached if necessary.*

Please describe any significant events in your child's life, such as school changes, geographical moves, achievements, setbacks:

\_\_\_\_\_  
\_\_\_\_\_

Has Applicant ever skipped a grade? \_\_\_ Yes \_\_\_ No Which grade? \_\_\_\_\_

Has Applicant ever repeated a grade? \_\_\_ Yes \_\_\_ No Which grade? \_\_\_\_\_

Has Applicant ever been referred for academic evaluation, testing or remedial instruction? \_\_\_ Yes \_\_\_ No  
If Yes, does the Applicant have an IEP or Service Plan? \_\_\_ Yes \_\_\_ No

Has Applicant ever been suspended or dismissed for academic, disciplinary or other reasons? \_\_\_ Yes \_\_\_ No

Please list any medical conditions or special circumstances your child has such as illness, allergies, learning differences, ADD, ADHD, physical handicaps, etc. If the applicant has documented learning differences, we MUST receive a copy of the psychoeducational evaluation and diagnosis.

\_\_\_\_\_  
\_\_\_\_\_

List all of the schools your child has attended:	Dates Attended	Street Address/City/State/Zip
_____	_____	_____
_____	_____	_____
_____	_____	_____

**FAMILY**

Father's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_  
Include maiden name, if applicable

Stepparent Name: \_\_\_\_\_

Stepparent Name: \_\_\_\_\_

Home Address (if different from student)

Home address (if different from student)

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Home Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

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

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

Father Religion \_\_\_\_\_

Mother Religion \_\_\_\_\_

Father Ethnicity \_\_\_\_\_

Mother Ethnicity \_\_\_\_\_

Father Date & State of Birth \_\_\_\_\_

Mother Date & State of Birth \_\_\_\_\_

Father degree or highest grade completed \_\_\_\_\_

Mother degree or highest grade completed \_\_\_\_\_

Occupation/Title \_\_\_\_\_

Occupation/Title \_\_\_\_\_

Employer \_\_\_\_\_

Employer \_\_\_\_\_

Employer's Address \_\_\_\_\_

Employer's Address \_\_\_\_\_

Business Phone \_\_\_\_\_

Business Phone \_\_\_\_\_

Email address: \_\_\_\_\_

Email address: \_\_\_\_\_

Saint Peter's Alumnus?  Yes  No

Saint Peter's Alumnus?  Yes  No

Student lives with:  Mother  Father  Both  Other: \_\_\_\_\_

Please check all that apply:  Mother Deceased  Mother has Custody  Parents Separated  Parents have Joint Custody

Father Deceased  Father has Custody  Parents Divorced  Student is Adopted

**\*Custodial parent MUST provide court documentation to be placed on file in the School Office**

List Brothers and Sisters – include Age, Grade and School Attending

\_\_\_\_\_  
\_\_\_\_\_

How did you hear about St. Peter's Catholic School? \_\_\_\_\_

\_\_\_\_\_

**CONDITIONS AND TERMS OF AGREEMENT – I UNDERSTAND AND AGREE TO THE FOLLOWING CONDITIONS OF ADMISSION:**

1. This formal application for admission will not be considered until the non-refundable application fee of \$50 per applicant is paid. This fee is due when the application is submitted to the school.
2. Upon acceptance, you will be asked to pay the non-refundable Registration Fee of \$200 per applicant, nonrefundable Student Fees of \$407 and supply all requested documentation. Fees subject to change.
3. Students are admitted on a space available basis throughout the year. Re-registration is conducted annually for returning students.
4. If my child is accepted, I agree to comply with the rules of the school as outlined in the Parent/Student Handbook.
5. My child's application is considered complete, when all fees have been paid and all required documentation has been submitted and accepted in the School Office.
6. I understand that Tuition Assistance is available. To see if I qualify, I must complete and submit the enclosed FACTS Grant & Aid Application Form or I may elect to apply online at [online.factsmgt.com/aid](http://online.factsmgt.com/aid). Initial here if you intend to apply for Tuition Assistance \_\_\_\_\_.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please return this application with the \$50 nonrefundable application fee to  
St. Peter's Catholic School, 1035 Hampton Street, Columbia, South Carolina 29201**