



ST. PETER TRI-PARISH SCHOOL

A Collaborative of St. Benedict, St. Peter & St. Timothy Parishes

120 Mayfair Road • Warwick, RI 02888
(401) 781-9242 • stpeterschoolri.com

RE-REGISTRATION FORM 2017-2018

STUDENT'S NAME _____
Last First Middle

PRIMARY PHONE NO (TO BE USED ON ALL SCHOOL RECORDS) _____

ADDITIONAL PHONE NOS. _____

ADDRESS _____
Street City/State/Zip

GRADE IN SEPT. _____ PARENT/GUARDIAN E-MAIL _____

DATE OF BIRTH _____ PLACE OF BIRTH _____

NAME OF CURRENT PARISH WHERE REGISTERED _____

FATHER _____ ADDRESS _____
(If different from student)

PHONE NO. (If different from student) _____

EMPLOYMENT _____ WORK PHONE _____
Company name

ADDRESS _____ OCCUPATION _____

MOTHER _____ ADDRESS _____
(If different from student)

MOTHER'S MAIDEN NAME _____

PHONE NO. (If different from student) _____

EMPLOYMENT _____ WORK PHONE _____
Company name

ADDRESS _____ OCCUPATION _____

RELIGION _____
Student Mother Father

PERSON RESPONSIBLE FOR TUITION PAYMENTS _____
Name

ADDRESS OF RESPONSIBLE PERSON _____
(If different from student)

SIGNATURE OF RESPONSIBLE PERSON _____ DATE _____

OFFICE USE ONLY: Parish _____ Verified _____ Fee Pd _____ Rec'd By _____

