



# 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

## 2017-2018 Application for Admission

### Mission Statement

The mission of St. Peter Tri-Parish School is to provide its students with a Catholic education that fosters spiritual, academic, and social growth within an atmosphere of mutual respect.

**FOR OFFICE USE ONLY:** Registration Paid: \_\_\_\_\_ Registration Date: \_\_\_\_\_

Applying for Grade: \_\_\_\_\_

**STUDENT APPLICANT:** Last Name: \_\_\_\_\_ FirstName: \_\_\_\_\_

Sex: \_\_\_\_ M \_\_\_\_ F

StreetAddress: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone No.(TO BE USED ON ALL SCHOOL RECORDS) \_\_\_\_\_

Additional Phone Nos. \_\_\_\_\_

Date of Birth: \_\_\_\_\_ City & State of Birth \_\_\_\_\_

Please list other children in family:

Name	Age	School Attending
_____	_____	_____
_____	_____	_____
_____	_____	_____

**MOTHER:** Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Maiden \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Religion: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Phone No. (If different from student) \_\_\_\_\_

Business Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Business Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**PLEASE COMPLETE REVERSE SIDE**

FATHER: Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Religion: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Phone No. (If different from student) \_\_\_\_\_

Business Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Business Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Child lives with both parents: (please check) \_\_\_\_\_ Child lives with one parent:(please check) \_\_\_\_\_

If one parent, which parent? \_\_\_\_\_

Indicate if child's parents are: Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Deceased \_\_\_\_\_ Other \_\_\_\_\_

Child lives with step-parent: (please check) Step-mother \_\_\_\_\_ Step-father \_\_\_\_\_

Child lives with Legal Guardian \_\_\_\_\_

**Legal guardian must submit a copy of the document indicating Proof of Guardianship.**

Religion: \_\_\_\_\_ Registered Parish: \_\_\_\_\_

Baptism Date: \_\_\_\_\_ Place: \_\_\_\_\_

First Reconciliation Date: \_\_\_\_\_ Place: \_\_\_\_\_

First Eucharist Date: \_\_\_\_\_ Place: \_\_\_\_\_

School Presently Attending: \_\_\_\_\_ Grades Attended: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Has your child ever received special services  Yes  No

If yes, explain services received \_\_\_\_\_

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

Acceptance to St. Peter Tri-Parish School is conditional until the end of the first trimester. At that time the new student is evaluated by administration and faculty to determine if St. Peter Tri-Parish School is meeting the needs of the new student.

SIGNATURE OF PARENT OR GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

Please submit the following with your completed application:

1. \$50.00 non-refundable application fee, cash or check payable to St. Peter School
2. Copy of the applicant's most recent report card and standardized test scores (if applicable).