

St. Peter Central Catholic  
865 Main Street  
Worcester, MA 01610  
508 791-6496  
Fax 508 770-0818  
[www.stpetercc.com](http://www.stpetercc.com)

APPLICATION FOR ADMISSION

Grade \_\_\_\_\_ School Year \_\_\_\_\_

**APPLICANT:**

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Home Address \_\_\_\_\_  
No. Street  
\_\_\_\_\_ City State Zip

Home Telephone \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Mo. Day Year

Parish/Place of Worship \_\_\_\_\_ City \_\_\_\_\_

Place of Birth \_\_\_\_\_

Primary language spoken at home \_\_\_\_\_

Child's Social Security # \_\_\_\_\_

**SCHOOL:**

Present School \_\_\_\_\_ Present Grade \_\_\_\_\_

Address \_\_\_\_\_  
NO. Street  
\_\_\_\_\_ City State Zip

Telephone \_\_\_\_\_

Name of Principal \_\_\_\_\_

Period of Attendance \_\_\_\_\_

Reason for Leaving \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of School that can be called for references. \_\_\_\_\_

Who referred you to St. Peter Central Catholic \_\_\_\_\_

**REGISTRATION FEE \$20.00 (PLEASE COMPLETE REVERSE SIDE OF THIS FORM)**

**FATHER or Male Guardian (Please Specify)** \_\_\_\_\_

Home Address \_\_\_\_\_

(If different than applicant) No. Street

City State Zip

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

Employer \_\_\_\_\_ Position Held \_\_\_\_\_

Address \_\_\_\_\_ Bus. Tel. \_\_\_\_\_

**MOTHER or Female Guardian (Please Specify)** \_\_\_\_\_

Maiden Name \_\_\_\_\_

Home Address \_\_\_\_\_

(If different than applicant) No. Street

City State Zip

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

Employer \_\_\_\_\_ Position Held \_\_\_\_\_

Address \_\_\_\_\_ Bus. Tel. \_\_\_\_\_

Is the applicant in good physical health? Yes \_\_\_\_\_ No \_\_\_\_\_

If NO, please explain. \_\_\_\_\_

Has the applicant ever received, or is now receiving Special Education or Early Intervention Services?

YES \_\_\_\_\_ NO \_\_\_\_\_

**Why would you like your child to be admitted to St. Peter Central Catholic?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please check how you want correspondence addressed. Mr. & Mrs. \_\_\_\_\_ Mr. \_\_\_\_\_ Mrs. \_\_\_\_\_ Ms. \_\_\_\_\_

\_\_\_\_\_

(Signature)

\_\_\_\_\_

(Date)

**Please attach your child's birth certificate with your application**