

St. Peter Central Catholic
865 Main Street
Worcester, MA 01610
508 791-6496
Fax 508 770-0818
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 Prinicpal _____

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