



Brooklyn, New York

# ADMISSIONS APPLICATION

**PLEASE PRINT ALL INFORMATION**

Date of Application: \_\_\_\_\_

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

**STUDENT INFORMATION**

Child's Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

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

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

Phone: (\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security # \_\_\_\_\_

Male/Female: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Child lives with (*Parents, Mother, Father, Grandparents, Guardian*): \_\_\_\_\_

Language/s Spoken at Home: \_\_\_\_\_ Language/s Spoken by Child: \_\_\_\_\_

**RELIGIOUS INFORMATION**

Religion: \_\_\_\_\_ Catholic Parish: \_\_\_\_\_

Church of **BAPTISM**: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Church of **FIRST PENANCE**: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Church of **FIRST HOLY COMMUNION**: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Church of **CONFIRMATION**: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

## **FAMILY INFORMATION**

**Mother's Name** (*First and Last*): \_\_\_\_\_ Living: \_\_\_\_ Deceased: \_\_\_\_

Mother's Maiden Name: \_\_\_\_\_ Mother's Religion: \_\_\_\_\_

Mother's Home Address: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

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

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

Business Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Father's Name** (*First and Last*): \_\_\_\_\_ Living: \_\_\_\_ Deceased: \_\_\_\_

Father's Home Address: \_\_\_\_\_ Father's Religion: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

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

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

Business Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Parents: Separated/Divorced (yes/no) \_\_\_\_\_ If yes, remarried: (yes/no) \_\_\_\_\_

### ***Please list all other children in the family:***

❶ Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ School (*if applicable*): \_\_\_\_\_ Grade: \_\_\_\_\_

❷ Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ School (*if applicable*): \_\_\_\_\_ Grade: \_\_\_\_\_

❸ Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ School (*if applicable*): \_\_\_\_\_ Grade: \_\_\_\_\_

❹ Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ School (*if applicable*): \_\_\_\_\_ Grade: \_\_\_\_\_

❺ Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ School (*if applicable*): \_\_\_\_\_ Grade: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION (If parents are not available)**

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

Relationship: \_\_\_\_\_

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

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

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

**PREVIOUS SCHOOL EXPERIENCE (Please list all schools including Pre-School)**

Name of School: \_\_\_\_\_ Grade/s: \_\_\_\_\_ School Year/s: \_\_\_\_\_

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

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

Name of School: \_\_\_\_\_ Grade/s: \_\_\_\_\_ School Year/s: \_\_\_\_\_

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

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

Name of School: \_\_\_\_\_ Grade/s: \_\_\_\_\_ School Year/s: \_\_\_\_\_

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

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

**Does this child have an IEP? (Yes/No)** \_\_\_\_\_

**FOR SCHOOL OFFICE USE ONLY**

- Copy of Birth Certificate
- Copy of Baptismal Certificate
- Immunization Complete to Date
- Report Card
- New York State Results
- Copy of IEP (if applicable)
- Other Documents (please list) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Registration Fee: \_\_\_\_\_

Check #: \_\_\_\_\_

Money Order: \_\_\_\_\_

Cash: \_\_\_\_\_

Application & Fee Received by: \_\_\_\_\_  
Signature



8401 23<sup>rd</sup> Avenue – Brooklyn, NY 11214  
718-372-0025 – www.SaintPeterAcademy.org

Dear Parent or Guardian:

Saint Peter Catholic Academy strives to provide all of its students with a positive learning environment. A happy, secure, and safe atmosphere focusing on the needs of the children is our primary goal. Our qualified and dedicated staff works diligently to make each student's adjustment to school a positive one. All students are provided ample time to acclimate to the school setting.

However, sometimes a child's needs go beyond our reach, and we are unable to provide what is necessary. Examples of special needs are learning disabilities, attention deficit, hyperactivity, behavioral problems, or a child's readiness for school. With all special situations, every effort and consideration is given to each unique circumstance. When, in the opinion of the school, all available avenues of resolution have been exhausted, Saint Peter Catholic Academy reserves the right to release the child from our program.

This action may occur at any point during the year and is jointly decided by the child's teacher and school administration. Every effort will be made to avoid release from our program. A Pre-K or Kindergarten child who is not ready for school as well as a child who's IEP mandates services that we do not have, cannot remain on register.

Therefore, please be advised that registration and re-registration for all students is contingent upon the completion of a 60 calendar day probationary period to insure that the school can provide required services.

Please sign below to indicate that you understand our policy and agree to abide by its conditions.

Thank you,

Danielle Alfeo  
Principal

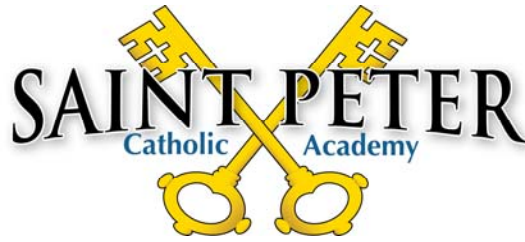
***Parent Acknowledgement***

I have read the above policy statement and agree to its terms. I am aware that to complete the registration/re-registration, process, a 60 calendar day probationary period is in effect.

Child's Name \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_

Date \_\_\_\_\_



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### **TUITION PAYMENT POLICY**

Student(s) name(s): \_\_\_\_\_

Parent or/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_, Brooklyn, NY \_\_\_\_\_

Telephone Numbers: Home: \_\_\_\_\_ Cell phone: \_\_\_\_\_

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

Social Security Number of Parent/Guardian \_\_\_\_\_

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The Board of Directors of Saint Peter Catholic Academy has enacted the following Tuition Policy:

Tuition payments are the primary source of financial support for the academic programs provided by Saint Peter Catholic Academy. Tuition payments are the responsibility of students' parents or guardians. Failure to pay tuition seriously jeopardizes the fiscal health and stability of our Academy. Tuition must be paid in a timely and consistent manner.

#### **NO CASH PAYMENTS WILL BE ACCEPTED**

The annual tuition payments are divided into ten (10) monthly installments due July through April. Tuition and all applicable fees must be paid in full on or before **April 30th** of the school year. If a monthly tuition payment is not received by the 10<sup>th</sup> of the month, a late fee of \$25.00 shall be assessed. Should extenuating circumstances occur which inhibit the parent's ability to pay tuition; it is the responsibility of the parent/guardian to notify the Principal as soon as possible to make alternate arrangements for payment or to seek tuition assistance.

The Academy shall retain the right to refuse class admittance to any student whose account is in arrears. The student may return to class when the delinquent account is current and the Board of Directors agrees to reinstate the student's active status.

Transcripts, report cards, awards, and diplomas are the property of the school and may not be issued to the student (or parent/guardian of the student) when a tuition account is delinquent or until all requirements are met.

The account of a student graduating the 8th grade must be current in order for the student to participate in graduation ceremonies. Students with delinquent accounts will not be allowed to register for the new school year. Past due tuition will be pursued through legal collection.

Any delinquent payments must be paid by certified check. This policy is not meant to be punitive, but in fairness to all families and our mission to educate. We expect our families to maintain current tuition accounts. Thank you for your cooperation.

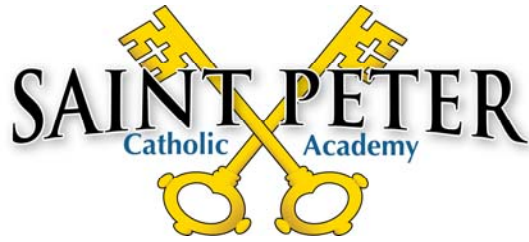
Parent/Guardian

Board of Directors

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

### **CHANGE OF PERSONAL DATA**

Parents/guardians must notify the Main Office about a change of address, home phone number, parents/guardians business numbers and emergency numbers, and the change of the name and/or address of parents or legal guardians. A form is available in the Main Office.



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## **AFFILIATED PARISH STATUS NOTICE**

- In order to be considered “affiliated” with their home parish, a Catholic family must be registered with their home parish, participate in the life and worship of their home parish on a regular basis, and financially support their home parish.
- This signed letter is due to the Pastor of your home parish on or before September 15<sup>th</sup> of each academic year.
- Once completed, the form should be mailed back to the school in question.

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### **To be completed by the family applying for the Affiliated Parish Status**

Family Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Student(s) and grade(s) \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

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### **Attention of Parish Affiliation by the Pastor**

The \_\_\_\_\_ Family:

actively participates in the life of the parish of \_\_\_\_\_,  
attends Mass and participates in the Sacraments on a regular basis, and contributes on a regular  
basis to the financial well-being of this parish according to the guidelines established by this parish.

Pastor's Signature \_\_\_\_\_ Date \_\_\_\_\_