



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 23rd 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 PreK 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,

Mary Lou Reitz
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 _____

Telephone Numbers (Home) _____ (Cell) _____

E-Mail _____ Social Security # of Parent/Guardian _____

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

Tuition payments are the primary source of financial support for the academic programs provided by St. 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 10th 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.

A delinquent graduating 8th grade student’s account 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.

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

Parent/Guardian

Principal

Date



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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 15th of each academic year.
- Once completed, the form should be mailed back to the school in question.

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

Family Name _____

Address _____

Telephone _____

Student(s) and grade(s) _____

Parent Signature _____ Date _____

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 _____