St. Peter the Apostle Catholic School

450 South Stage Coach Lane
Fallbrook, CA 92028
Tel (760) 728-6961 Fax (760) 723-8973
Website: www.spacschool.com

FOR OFFICE USE ONLY

☐ Catholic ☐ Non-Catholic **Application Received in Office: Date:_____**

Required Documents:

☐ Birth Certificate ☐ Baptismal Record ☐ First Communion ☐ Immunization Record ☐ Report/Progress Card

Sacraments Needed: ☐ Baptism ☐ Reconciliation ☐ First Communion ☐ Profession of Faith

Test Date: _____ Testing Fee Paid ____ Check#_____ Cash _____ Principal's Approval:_____

For Academic Year:_____

Student's Last Name:_____Student's First Name: _____ ☐ Male ☐ Female

Date of Birth:_____

Applying for Grade: (circle one) K 1 2 3 4 5 6 7 8

Preschool: **½ Days 8:00-12:00 am** **or** **Full Days: (7:00 am-5:30 pm)**

Choose the Days **Choose the Days**

M T W Th F **M T W Th F**

Name of School Student Currently Attends:_____

Student Religion: ☐ Catholic ☐ Non-Catholic

Student Information – Please check all that apply

☐ADD/ADHD ☐OCD/ODD ☐ Autism/Aspergers ☐IEP ☐Vision/ Hearing issues ☐Speech issues ☐Medication at home/school ☐Other

Has he/she been tested for or diagnosed with a specific difficulty?_____

Are there any court ordered custody arrangements?

PARENT INFORMATION	FATHER'S INFORMATION	MOTHER'S INFORMATION
Last Name		
First Name		
Middle name		
Religion		
US citizen		
Home Phone		
Cell Phone		
Work Phone		
Occupation		
Employer/Business Name		

Home Address:_____ City_____ State____ Zip Code_____

Mailing Address
(if Different from Home Address):_____ City _____ State____ Zip Code_____

HOME CONDITION:

☐Mother & Father Present ☐Single Parent ☐Parents Divorced ☐Mother Deceased
☐Father Deceased ☐Mother Remarried ☐Father Remarried ☐ Other (please explain)

Other Important information regarding this student:

_____

_____