



	Mother	Father	Step-mother	Step-father
Name				
Address				
Marital Status				
Religion				
Highest Education				
Occupation				
Employer				
Work Phone				
Cell Phone				
Email				

Sibling Name	Birthdate	Age	School

Emergency Contacts			
Name	Home Phone	Work Phone	Cell Phone

Grandparents	Name	Address	City/State/Zip
Maternal			
Paternal			

Is there anyone to whom we should NOT release your child?: \_\_\_\_\_

I hereby submit this application and request that this student attend St. Peter the Apostle Catholic School. If accepted, I will cooperate with the spirit and regulations of the school. In signing this application, I give the school assurance that I understand and will abide by these requirements. The information I have provided is correct and I assume responsibility for notifying the school of any changes to the above information in writing. I understand that my registration fee is non-refundable.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

TOGETHER we live, pray, learn and serve.  
P.O. Box 30460 7020 Concord Road Savannah, Georgia 31410  
[school@spasav.net](mailto:school@spasav.net) p. 912.897.5224 f. 912.897.0801

Saint Peter the Apostle School exists to provide a quality Catholic education based on Gospel Values and the teachings of the Catholic Church.  
Following the traditions of the Sisters of Mercy, the school educates through a strong academic program and instills in its students  
a spirit of mercy, justice, and loving concern.