



Welcome and thank you for your interest in Saint Peter the Apostle Catholic School!

St. Peter the Apostle School, originally named Nativity of Our Lord School, has provided students with a quality, Catholic education, for over 60 years. With a staff of over 30 teachers, aides, and support personnel, the school serves the needs of approximately 200 students in grades Pre-Kindergarten through 8. With its academics, Before and After School Programs, extracurricular activities, clubs, and competitive sports teams, we are a family and *together* we are committed to educating the whole child. The school welcomes students of all faiths who accept the mission statement, philosophy, and beliefs of the school.

Our Mission Statement

St. Peter the Apostle School provides 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.

Our Philosophy

St. Peter the Apostle School is committed to a strong Gospel-based curriculum that helps to establish in each student a sense of community, a respect for learning as a life-long process and opportunity for personal growth, and an awareness of social issues. It provides a quality, academic education that is an on-going developmental process, which involves parents, parish, faculty, and staff.

We welcome your student to come shadow for the day. Your student will attend classes at his/her grade level and see what it would be like to be part of our St. Peter's family. We can also schedule a guided campus tour anytime.

Please call the school office [(912) 897-5224] if you have any questions about enrollment.

Sincerely,

A handwritten signature in blue ink, appearing to read "Wynter Kelly".

Wynter Kelly

Principal

St. Peter the Apostle School

TOGETHER we live, pray, learn, and serve.
7020 Concord Road Savannah, Georgia 31410
school@spasav.net p. 912.897.5224 f. 912.897.0801

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REGISTRATION FORM

PLEASE NOTE: Before a student can be accepted, all the following documents and registration fee must accompany this completed registration form.

____ Birth Certificate	____ Social Security Card	____ GA Immunization Form #3231
____ GA EED Form #3300	____ Records from prior school	____ Tuition Payment Form
____ \$200 Registration Fee	____ Documentation Form	____ Baptismal Certificate
____ Race and Ethnicity Form		

(Check list completed by _____)

Date: _____ Circle Grade Entering: PK3 PK4 K 1 2 3 4 5 6 7 8

Student Name: _____ Nationality: _____
(Last) (First) (Middle) (Name Preferred)

Date of Birth: ____/____/____ Sex: _____ Social Security Number: ____-____-____
mm dd yyyy

Home Address: _____
City State Zip

Home Phone Number: _____ Student email: _____

Person Registering Student: _____ Relation: _____

Student lives with: _____ # of adults in home: _____ # of children in home: _____

(If divorced, a custody section divorce decree is required)

Religious Affiliation: ____ Catholic ____ Non-Catholic Church where registered: _____

If student is Catholic and attended public school, did he/she attend CCD? ____ yes ____ no

Baptism: ____ yes ____ no

-Name of Church: _____ City/State: _____ Date: _____

First Reconciliation: ____ yes ____ no

-Name of Church: _____ City/State: _____ Date: _____

First Communion: ____ yes ____ no

-Name of Church: _____ City/State: _____ Date: _____

Transfer students:

Last School Attended: _____ Date of Withdrawal: _____

Reason for Transfer: _____

	Mother	Father	Stepmother	Stepfather
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: _____

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DOCUMENTATION FORM

Please answer the following questions:

Does your student currently have an IEP (Individualized Education Plan)/Psychological Evaluation?

____ Yes* ____ No

*If yes, a copy of the plan must be submitted by the parent before registration can be completed.

Has your student ever been asked to leave his/her school? `

____ Yes* ____ No

*If yes, please explain and submit all documentation: _____

Does your student currently receive accommodations as designated on their IEP/Psychological Evaluation?

____ Yes* ____ No

*If yes, a copy of all documented accommodations must be provided.

Does your student currently receive support from ANY specialty resources?

____ Yes* ____ No

*If yes, please provide us documentation of the services your child receives.

If your student has a current IEP/Psychological Evaluation, will accommodation be requested at St. Peter the Apostle School?

____ Yes* ____ No

*If yes, what accommodations will you be requesting? (Please note, not all accommodations may be able to be met if your student is admitted.) _____

Has your student ever been retained?

____ Yes* ____ No

*If yes, please provide documentation of retention.

Does your student take any prescribed medication?

____ Yes* ____ No

*If yes, please list their medications: _____

Does your student have any special limitations physically, socially, or spiritually?

____ Yes* ____ No

*If yes, please explain: _____

Does your student have any diagnosed cognitive, emotional, or physical condition?

____ Yes* ____ No

*If yes, please provide documentation.



Race and Ethnicity Identification Form

Every school in the diocese of Savannah is required to report to the National Catholic Education Association (NCEA) each year student data by race and ethnicity categories that are set by the federal government. These reports help us keep track of changes in student enrollments and ensure that all students receive the educational programs and services to which they are entitled.

Ethnicity Designation:

Is this student Hispanic or Latino? Yes ____ No ____

Persons of: Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of races, are considered **Hispanic** or **Latino**.

Race Designation:

- ☐ **American Indian or Alaskan Native:** A person having origins in any of the original peoples of North or south America (including Central America), and who maintains a tribal affiliation or community attachment.
- ☐ **Asian:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the India subcontinent including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- ☐ **Black or African American:** A person having origins in any of the black racial groups of Africa
- ☐ **White:** A person having origins in any of the original peoples of Europe, the Middle East, or Africa
- ☐ **Native Hawaiian or Other Pacific Islander:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands
- ☐ **Other:** A person that does not affiliate with a particular race.
- ☐ **Two or more Races:** A person having origins in more than one peoples.



TEACHER RECOMMENDATION FORM

Name of applicant: _____ Date of Birth: _____

Applying for Grade: _____ Applying for School Year: _____

Your insights and observations are important in helping to determine appropriate school placement for the student and the family so that his/her aspirations can best be reached. Please know that the professional comments you share will be held in the strictest confidence and will be made available only to administration and admissions personnel in the school.

Please fax or mail this form: (912)-897-0801/7020 Concord Rd. Savannah, GA 31410

Please check the space most appropriate:

	Outstanding	Above Average	Average	Below Average	Not Applicable
Conduct					
Attitude and Cooperation					
Character and Integrity					
Peer Relationships					
Responsibility for Personal Actions					
Concern for Others					
Respect for Adults					
Leadership					
Academic Achievement					
Achievement in Relation to Potential					
Grade Level in Math					
Grade Level in Reading					
Able to Work Independently					
Follows Directions					

Additional comments:

Name: _____ Position: _____

Signature: _____ School: _____

Address: _____



RECORDS REQUEST FORM

Student's Name: Last, First, Middle: _____

_____/_____/_____ Student's Date of Birth (mm/dd/yyyy) _____ Student's Current Grade

RECORDS TO BE RELEASED BY:

Name of School: _____

Street Address of School: _____

City, State, Zip Code: _____

Area Code and Telephone Number of School: _____

Area Code and Fax Number of School: _____

AUTHORIZATION FOR RELEASE OF STUDENT' RECORDS

You are authorized to release school records for the above-named student to [St. Peter the Apostle School](#).

Please send a complete and official copy of the records indicated below:

Permanent Record

Standardized Test Scores

Social Security Card

Immunization Records - GA Form 3231 EED 3300

Birth Certificate

Discipline Record

IEP (Individual Education Plan)

Psychological Evaluation

Signature of Parent/Guardian: _____ Date: _____

FOR OFFICIAL USE:

Records Requested By: _____ Date Requested: _____

"It is not necessary to have written consent of parents to release records to officials of other schools or school systems in which the student seeks or intends to enroll." Privacy Rights of Parents and Students Act. Page 1213, subpart D 99 30 (b).



GRACE Scholars is a Georgia nonprofit corporation and tax-exempt charity. GRACE is a Student Scholarship Organization where Georgia taxpayers can redirect part of their tax liability to GRACE and qualify for a 100% tax credit benefit created by the Georgia legislature.

GRACE was founded by Archbishop Wilton Gregory of Atlanta and Bishop J. Kevin Boland of Savannah in 2008 to take advantage of the SSO/tax credit legislation. The goal of GRACE Scholars is to afford qualifying families with a demonstratable financial need a quality education while providing donors with an opportunity to use their tax dollars towards Catholic school scholarships.

To be eligible for a GRACE award, a student must be a resident of the state of Georgia and demonstrate financial need. The student is either entering a Catholic school for the first time at the second grade or above from a Georgia public school OR a child eligible to enter first grade, kindergarten or an accredited pre-kindergarten program is eligible for GRACE.

The first step to apply for a scholarship is to have a completed application to St. Peter the Apostle School on file and then the financial need assessment must be completed. Please go to factstuitionaid.com and follow the instructions. No applications can be processed until these two steps are completed.

If you have any questions regarding the scholarship application, please contact Clare Zeigler in the parish office at (912)897-5156 or email czeigler@spacsav.net. More information and scholarship applications may be found at www.gracescholars.org.



Before Care and Extended Day Program Policies and Procedures

(Parent/Guardian Copy to Keep)

- A copy of the State Rules and Regulations, which apply to the operation of this program, is available in the Extended Day Program Office. A copy of the program's licensing review is available upon request.
- Before Care Hours: 7:00 am – 7:45 am Students may not enter classrooms before 7:45 am. If they arrive earlier, they must go to Before Care.
- Extended Day Hours: 3:00 pm – 6:00 pm (Full Days of School) *please see fees form for late p/u fee12:30pm 6:00pm (Early Dismissal Days)
- Students MUST BE SIGNED OUT BY THEIR PARENT/GUARDIAN or by an INDIVIDUAL DESIGNATED by parent/guardian whose name is listed as an authorized person to pick up the student. If individual listed is not recognized or on list, person must show identification to EDP Director before student will be released. Parent/Guardian must notify school office or Director by 3:00 p.m. if someone, other than those listed, is picking up their child (ren).
- Students must be signed out by parent or individual, along with the time of pick up on the daily sign out sheet provided in the EDP room. The student(s) must be escorted out by the parent or individual picking them up.
- Parents/Guardians must fill out a student information sheet for EDP. If any changes or updates need to be made to this form such as emergency contact numbers, address change, or any other information pertinent to the student, please notify EDP Director or the school office.
- EDP will provide snacks and water. On early dismissal days, students must bring their lunch, unless otherwise instructed by Director.
- The EDP staff will notify parents if their student is ill, injured or exposed to a communicable disease. Parents will be called to pick up their student if they have a temperature of **100.4** degrees or higher if student is vomiting or are suspected to have a communicable disease.
- EDP Adult Staff will administer only approved non-prescription medication (Acetaminophen, Ibuprofen, Tums) if a signed Health Services Form on file for student in school office. Any medication that is prescribed for a student for daily use during school or EDP, prescription, or non-prescription, will only be given to student if there is a Diocese of Savannah Administration of Medication Consent Form signed by physician and parent/guardian. This is a requirement of the Diocese of Savannah.
- An up to date Health Services/Emergency Contact/Medical Consent Form is required to be completed and turned into the school office at the start of the school year. In case of an emergency, information will be gathered from this form and parents will be contacted immediately. If a situation warrants off-site medical attention, an EDP staff member will accompany the student, and remain with student until parent arrives.
- EDP Students participating in extracurricular activities, sports, or clubs, afterschool, may not leave the care of the EDP without a written permission slip from the parent/guardian releasing the student to the care of the coach or pre-approved individual.
- EDP Staff will not provide transportation for students to off-site activities such as sports practices/games, gymnastics, dance, karate, etc.