



Family Information for Admission

St. Peter RC School

140 N. Sixth Street, Lewiston, NY 14092

Office (716)754-4470 FAX (716)754-0167

2024-2025

jlaron@stpeterrc.org www.stpeterrc.org

Family Name: _____

Child's Name	Date of Birth	Current School	Grade in 2024-2025	Birth Certificate Attached (Y/N)	Baptismal Certificate Attached (Y/N)	Health and Immunization Records Attached (Y/N)

Please include the \$100.00 per family registration fee with the return of your registration form.

Address _____

City _____ State _____ Zip Code _____

Telephone _____

If the student has two households, please list the parent name/address of the additional household below:

Name _____

Address _____

City _____ State _____ Zip Code _____

Home School District _____

Religion _____ Parish Affiliation _____

Sacraments:

Sacrament	Date	Church	City
Baptism			
First Reconciliation			
First Communion			

Registration is on a first come, first served basis.