

Family Information for Admission

St. Peter RC School 140 N. Sixth Street, Lewiston, NY 14092 Office (716)754-4470 FAX (716)754-0167 2025-2026

Maureen Ingham, Principal; mingham@stpterrc.org www.stpeterrc.org

	Family Name:					
Child's Name	Date of Birth	Current School	Grade in 2025- 2026	Birth Certificate Attached (Y/N)	Baptismal Certificate Attached (Y/N)	Health and Immunization Records Attached (Y/N)
Please include the	e \$100.00 per	family registration fee	with the ret	urn of your re	gistration for	m.
Address						
City		State		Zip Code_		
Telephone						
		lds, please list the par	ent name/ad	dress of the a	dditional hou	sehold
Parent						
Name	Telephone					
Address						
Citv		State		7in Code		
0.0,		ರಚೀಂ		2.p code_		
Home School Dist	rict					
Religion	Parish Affiliation					
Sacraments:						
Sacrament	Date		Church			City
Baptism				_		
First Reconciliation						
First Communion						

Father's Name				
Last	First	Middle		
Father's Email	Cell Phone			
Father's Occupation	Title/Position			
Employer	Business Phone	Business Phone		
Mother's Name				
Last	First	Middle		
Mother's Email	Cell Phone			
Mother's Occupation	Title/Position			
Employer	Business Phone			
Guardian's Name				
(If applicable) Last	First	Middle		
Guardian's Address				
Guardian's Email	Cell Phone			
Check where appropriate:				
Parents are together Paren	ts are divorced Parents ar	re separated		
Student ethnicity:				
American Indian or Alaska Native	Black or African American	Asian		
Hispanic or Latino White _	:Please deta	ail		
Paternal Grandparents	P	Phone		
Address				
Maternal Grandparents		Phone		
Address				
Family Physician Name	F	Phone		
Emergency Contact Information other	than parents and grandparents (Must h	nave two)		
		Has my permission to		
Name/Relationship	Cell Phone	pick up my child(ren) Y/I		
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Please return your form and registration fee to the school office at the address on the front.

Register early to secure your spot.

Registration is on a first come, first served basis.