

SAINT PETER'S ACADEMY

4250 38th Avenue, Vero Beach, FL 32967 | (772) 562-1963

Student information

Kindergarten and new student admissions packet. A parent or legal guardian should complete this packet. Please review each agreement before signing.

School year

Entering grade

Student legal name

Last name

First name

Middle name

Suffix

Former last name

Date of birth

Home phone

☐ Male

☐ Female

Birth country

Birth city

Birth state or province

Home and mailing addresses

Residential street address and apartment or lot number

City

State

ZIP code

Mailing address if different

Mailing city

State

ZIP code

Parent or guardian email

Other children in the family enrolled in Indian River schools and their schools

Student background

Complete every applicable section. Write N/A when a question does not apply.

Student name

Entering grade

Previous school information

Last school attended in Florida

Florida student ID if known

Last school attended outside Florida

Previous school address

City

State or province

Country

ZIP or postal code

Date first entered a United States school

Social Security number optional

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Language race and ethnicity

Complete every applicable section. Write N/A when a question does not apply.

Student name

Race and ethnicity

Select all applicable race categories. Select one answer for Hispanic or Latino ethnicity.

☐ American Indian or Alaska Native

☐ Asian

☐ Black

☐ Native Hawaiian or Pacific Islander

☐ White

Is the student Hispanic or Latino?

☐ Yes

☐ No

Home language

Is a language other than English used in the home?

☐ Yes

☐ No

Did the student have a first language other than English?

☐ Yes

☐ No

Does the student frequently speak a language other than English?

☐ Yes

☐ No

Languages spoken at home

Student first language

Student most frequently spoken language

Kindergarten students only

Did the student attend a special program before kindergarten?

☐ Yes

☐ No

Program or preschool name and type

Use the program guide on page 7 if helpful. Contact the school office for any additional program forms needed.

Student services and history

Complete every applicable section. Write N/A when a question does not apply.

Student name

Student services and history

Does the student have an Individual Education Plan (IEP) or receive ESE services? ☐ Yes ☐ No

Has the student ever had a Section 504 plan? ☐ Yes ☐ No

Is the student a child of a military family? ☐ Yes ☐ No

Has your family moved across county or state lines in the past three years to seek work in agriculture, fishing or forestry? ☐ Yes ☐ No

Has the student ever been in a residential treatment center? ☐ Yes ☐ No

Has the student been arrested, charged, convicted or pleaded guilty to a felony? ☐ Yes ☐ No

Has the student been expelled or referred to an alternative program for a disciplinary reason? ☐ Yes ☐ No

Provide relevant documents or additional details to the school office.

Other programs

☐ English for Speakers of Other Languages

☐ Exceptional Student Education (ESE)

☐ Migrant

☐ Title I

☐ Gifted

☐ Compensatory Education

☐ Other

Other program or additional information

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Family and authorized contacts

List four contacts. Only a parent, guardian or person acting in a parental or supervisory role may update emergency contacts.

Student name

Contact 1

Full name

Relationship to student

☐ Parent

☐ Guardian

☐ Other contact

Home phone

Cell phone

Work phone and extension

☐ Authorized for pickup

☐ Has custody

☐ Student lives with this person

☐ Emergency contact

Contact 2

Full name

Relationship to student

☐ Parent

☐ Guardian

☐ Other contact

Home phone

Cell phone

Work phone and extension

☐ Authorized for pickup

☐ Has custody

☐ Student lives with this person

☐ Emergency contact

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Authorized contacts continued

Complete every applicable section. Write N/A when a question does not apply.

Student name

Contact 3

Full name

Relationship to student

☐ Parent

☐ Guardian

☐ Other contact

Home phone

Cell phone

Work phone and extension

☐ Authorized for pickup

☐ Has custody

☐ Student lives with this person

☐ Emergency contact

Contact 4

Full name

Relationship to student

☐ Parent

☐ Guardian

☐ Other contact

Home phone

Cell phone

Work phone and extension

☐ Authorized for pickup

☐ Has custody

☐ Student lives with this person

☐ Emergency contact

Residency and confirmation

☐ Resident of Indian River County

☐ Out-of-county waiver attached

I confirm that the information I provided in the enrollment sections is accurate.

Parent or guardian printed name

Date

Parent or guardian signature