

Prince of Peace Catholic School  
 4650 Preserve Parkway  
 Hoover, AL 35226  
 205-824-7886  
 205-824-2093 fax

(Office use only)

Date received: \_\_\_\_\_  
 Application fee: \_\_\_\_\_ Check #: \_\_\_\_\_  
 Registration fee: \_\_\_\_\_ Check #: \_\_\_\_\_

**New Student Admission Application**

Student's Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Age as of Sept. 1<sup>st</sup> \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Date of birth \_\_\_\_\_ City and State of birth \_\_\_\_\_ Proposed grade / School year \_\_\_\_\_

Number of brothers: Younger \_\_\_\_\_ Older \_\_\_\_\_ Number of sisters: Younger \_\_\_\_\_ Older \_\_\_\_\_

Student's special abilities: \_\_\_\_\_

Student's special needs: \_\_\_\_\_

Student's religion: \_\_\_\_\_ Church attending: \_\_\_\_\_

	Date / Year	Church	City	State
Baptism				
First Reconciliation				
First Eucharist				

School last attended: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ Teacher: \_\_\_\_\_

Father or Guardian: \_\_\_\_\_ Address: \_\_\_\_\_

Father's home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Business phone: \_\_\_\_\_

Father's occupation: \_\_\_\_\_ Name of company: \_\_\_\_\_

Church attending: \_\_\_\_\_ Highest level of education: \_\_\_\_\_

Mother or Guardian: \_\_\_\_\_ Address: \_\_\_\_\_

Mother's home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Business phone: \_\_\_\_\_

Mother's occupation: \_\_\_\_\_ Name of company: \_\_\_\_\_

Church attending: \_\_\_\_\_ Highest level of education: \_\_\_\_\_

Please provide your reason(s) for applying to Prince of Peace: \_\_\_\_\_

Who referred you to Prince of Peace? \_\_\_\_\_

*Note:* This is an application only. Notification of acceptance is sent separately after application processing (including all required information.) Please carefully read all statements on the back. Parents or guardians of applicants accepted for admission to this school are also required to register and pay fees.

\_\_\_\_\_  
 Signature of Father or Guardian

\_\_\_\_\_  
 Signature of Mother or Guardian

\_\_\_\_\_  
 Date: