Application for Admission

Mission Statement

We are the primary apostolate of Prince of Peace Parish, collaborating with families to offer children a rigorous curriculum that promotes intellectual formation and virtue development, immersed in the teachings of the Catholic faith.
Student Application for Admission

Please complete this application form in ink

1. STUDENT APPLICANT INFORMATION

Student Name__________________________________________________________ □ Boy □ Girl

__________________________ (Last, First, M I) ________________________________ (nickname)

Address______________________________________________________________

(Street) ____________________________ (City / State) ____________________________ (Zip)

Home Phone: ______________________ Grade Entering _________ Date of Birth ____________

K 4 M on. – Fri. H alf Day _________ M on. – Fri. Full D ay _____________

Religion ____________ Parish ________________________ Ethnicity _______________________________

Do you attend M ass every Sunday? □ Y es □ N o

Please write N/A for all information that does not apply to your child. Thank you.

Students in K 4 must be able to take care of personal hygiene—toilet trained.

2. PARENT OR GUARDIAN INFORMATION

Father (Guardian) name ____________________________________________________

__________________________ (Last) ________________________________ (First)

Address (□ Same as student information above)

______________________________________________________________

(Street) ____________________________ (City / State) ____________________________ (Zip)

Employer __________________________ Occupation _____________________________

Religion: __________________________ Education Completed________________________

□ M arried □ Separated □ D ivorced □ D eceased

Work Phone: ______________________ Cell Phone: __________________________

E-mail Address: __________________________________________________________

Mother (Guardian) Maiden Name __________________________________________

__________________________ (Last) ________________________________ (First)

Address (□ Same as student information above)

______________________________________________________________

(Street) ____________________________ (City / State) ____________________________ (Zip)

Employer __________________________ Occupation _____________________________

Religion __________________________ Education Completed________________________

□ M arried □ Separated □ D ivorced □ D eceased

Work Phone ______________________ Cell Phone __________________________
If you are married, were you married in the Catholic Church or with the dispensation of the Catholic Church, or had a marriage subsequently convalidated in the Catholic Church?

□ Yes    □ No

Were you ever divorced and married in the Catholic Church without the benefit of an annulment and convalidated within the Church?

□ Yes    □ No

3. OTHER FAMILY INFORMATION

Grandparents  ____________________________________________________________

(Last) (First)

(Street) (City / State) (Zip)

Phone _________________________________

Grandparents  ____________________________________________________________

(Last) (First)

(Street) (City / State) (Zip)

Phone _________________________________

Applicant’s Siblings

(First Name) (Age) (Current School & Grade)

(First Name) (Age) (Current School & Grade)

(First Name) (Age) (Current School & Grade)

4. OTHER STUDENT APPLICANT INFORMATION

Has the applicant received any of the following sacraments?

<table>
<thead>
<tr>
<th>Sacrament</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baptism</td>
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<tr>
<td>First Confession</td>
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<tr>
<td>First Holy Communion</td>
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<tr>
<td>Confirmation</td>
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</tbody>
</table>

Parish _________________________________

City _________________________________

Does the applicant have a diagnosed learning difference?

□ Yes    □ No

(If “yes” please identify the learning difference).

□ ADD    □ ADHD    □ Dyslexia    □ Speech-Language    □ LD: _______________________

Does the applicant have an IEP (Individual Education Plan)?

□ Yes    □ No

(If “yes”, please include a copy of the IEP with this application).
If the applicant has attended another school before Prince of Peace, please note the following:

Name of previous school: __________________________________________ Grades Attended ____________
Address: ____________________________________________________________________________________
           (Street) (City / State) (Zip)
Withdrawal Date _______________ Reason for Withdrawal __________________________________________

The affiliation of the school is

☐ Catholic  ☐ Private  ☐ Public
5. PARENT/GUARDIAN STATEMENT OF INTENT

Prince of Peace Catholic School – a school of the Roman Catholic Diocese of Charleston, South Carolina – is a parish school affiliated with Prince of Peace Catholic Church in Taylors, South Carolina with the principal mission of serving parish families. Catholics from other parishes and other applicants are also welcome to apply. Prince of Peace Catholic School admits students of any race, color, national or ethnic origin to all the rights, privileges, programs and activities accorded or made available. Our mission is the education and formation of children in the Catholic faith with above average classroom instruction and expectations for academic and personal excellence.

Prince of Peace Catholic School observes the following priority consideration for admission with all NEW families applying for admission: active Prince of Peace parishioners, active parishioners of all other Greenville Catholic parishes, Catholics moving to Greenville for the next school year, and finally, all other applicants. See your pastor or parish bulletin for a definition of “active parishioner.”

Students with IEP’s or diagnosed learning differences must be deemed by the Principal capable of success in the school’s academic program with limited accommodations. Determinations will be made on an individual basis.

Why do you want to enroll your child at Prince of Peace Catholic School?

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

6. SIGNATURES OF PARENTS/GUARDIANS

Your signature below is an indication to the Principal that the information contained in this application is true to the best of your knowledge, and with the application fee it is an indication of your interest in your child’s attending Prince of Peace Catholic School.

Father/Guardian Signature  M other/Guardian Signature

Print Name  Print Name

Date  Date

**** for office use only ****

Date Application Received  Sacramental Rec  Transcripts
Application Fee  Birth Certificate
Family Meeting  Immunization
Social Security Card/Number