



## FAMILY INFORMATION

Parent/Guardian Marital Status  Married  Single  Partners  Separated  Divorced

If parents live separately, will both parents receive mail?  Yes  No

How should mail be addressed? (*examples: Mr. and Mrs. John Smith or Mr. John Smith and Dr. Susan Brown*)

Student resides with  Mother  Father  Both Parents  Stepmother  Stepfather  Other (*specify*)

List additional children in family:

Name	Birthdate	Current School
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Name	Birthdate	Current School
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Name	Birthdate	Current School
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Name	Birthdate	Current School
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## ADDITIONAL INFORMATION

List family members who have attended St. Peter's School:

Full Name	Relationship	Years Attended
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Full Name	Relationship	Years Attended
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Full Name	Relationship	Years Attended
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Full Name	Relationship	Years Attended
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Do you know any current students or alumni of St. Peter's School?

Who is responsible for financing the student's education?

We/I would like to receive information on Financial Aid and/or payment plans.

How did you hear about St. Peter's School? (*check all that apply*)  St. Peter's Alumni  St. Peter's Parent

St. Peter's Website  Radio Advertisement  Admissions Mailing  Recommendation from Current School

Other (*please specify*)

## OPTIONAL INFORMATION

How would you best describe the applicant's background?  Asian or Pacific Islander  Asian Indian  Caucasian/White

Black/African American  Latino/Hispanic  Native American  Other (*please specify*)

Is English the applicant's primary language?  Yes  No

If no, please indicate the applicant's primary language: \_\_\_\_\_ Number of years he/she has studied in English: \_\_\_\_\_

Does the candidate speak another language?  Yes  No If yes, please indicate the language(s) spoken: \_\_\_\_\_

# PARENT/GUARDIAN QUESTIONNAIRE

Your perspective as a parent will allow the Admissions Committee to understand your child's special characteristics beyond the information provided through grades, test scores and other objective data. With this in mind, please give us an opportunity to become acquainted with your child by answering the following questions:

Why would you like your child to attend St. Peter's School?

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Please describe your child's personality

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How do you and your child typically share the time you have together?

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What are your child's strengths?

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What are area(s) of difficulty?

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What aspects of his/her present school does your child enjoy most?

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In what ways would you especially like to see school influence his/her growth next year?

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**Please return this application, along with a nonrefundable application fee of \$60 to:  
Admissions Office, St. Peter's School, 319 Lombard Street, Philadelphia, PA 19147**

Other application materials (Confidential Teacher Recommendation Forms with accompanying Authorization Form) should be signed, forwarded to the applicant's current teacher/school, and returned by that teacher/school directly to St. Peter's School.

Signature

Date

St. Peter's School admits students of any race, religion, sexual orientation, national or ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. St. Peter's School does not discriminate on the basis of race, religion, sexual orientation, national or ethnic origin in administration or educational policies, admissions policies, scholarship and other school-administered programs.

# RELEASE OF SCHOOL RECORDS

Student Name \_\_\_\_\_

Applying for Grade \_\_\_\_\_

For School Year \_\_\_\_\_

## TO PARENT/GUARDIAN

**Please sign this Release of Records and School Recommendation Form and forward to your child's current principal or guidance counselor.**

I authorize teachers or administrators to release information about my child which would identify apparent strengths or weaknesses and patterns of behavior. I request that the school records of be forwarded to the Admissions Office of St. Peter's School, 319 Lombard Street, Philadelphia, PA 19147.

Parent/Guardian Signature \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Date \_\_\_\_\_

## INSTRUCTIONS TO SCHOOL

The student named above is an applicant for admission to St. Peter's School.

Please return the following directly to the St. Peter's School Admission Office at the address below:

- A complete, official transcript of grades and standardized tests for at least two years, including the current academic year.  
Please also enclose any additional testing conducted that pertains to the student's academic, intellectual, social or emotional abilities and needs.
- Attendance record
- Results of standardized achievement and/or aptitude tests
- A confidential School Recommendation (see reverse side), completed by the principal or guidance counselor, evaluating the applicant. A letter of recommendation which responds to the School Recommendation questions posed on the reverse side is an acceptable substitute.

*Thank you on behalf of the members of the St. Peter's School Admission Committee.*



## ST. PETER'S SCHOOL

319 Lombard Street ☞ Philadelphia, PA 19147

215.925.3963 ☞ FAX 484.751.0909

[st-peters-school.org](http://st-peters-school.org)

# SCHOOL RECOMMENDATION

Student Name \_\_\_\_\_

How long have you known the student? \_\_\_\_\_

What are the first three words that come to mind to describe this student? \_\_\_\_\_

Number of students in applicant's entire grade \_\_\_\_\_

## ACADEMIC AND PERSONAL QUALITIES

Please evaluate the candidate in the following areas by placing a check in the appropriate column.

	EXCELLENT	GOOD	AVERAGE	BELOW AVERAGE	COMMENTS
Academic performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Academic potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Creativity and imagination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ability to organize	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Honesty/integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Self-esteem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Self-discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sensitivity to others' feelings respect for individual differences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Reaction to setbacks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Maturity (relative to age)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sense of humor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Additional comments \_\_\_\_\_

## SCHOOL RECOMMENDATION CONTACT

Your Name \_\_\_\_\_

Title \_\_\_\_\_

School \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_



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ACADEMIC EXCELLENCE SINCE 1834