

Please Print Clearly



SS. Peter & Paul School • 68 East Main Street • Hamburg, NY 14075
Phone (716) 649-7030 • Fax (716) 312-9313 • www.sspphamburg.org

The family registration fee is non-refundable

Kindergarten -Grade 8 Registration Form

***A copy of your child(ren)'s birth certificate is required when registering.**

Name of Student _____
Last First Middle DOB Grade Enrolling Male/Female

Name of Student _____
Last First Middle DOB Grade Enrolling Male/Female

Name of Student _____
Last First Middle DOB Grade Enrolling Male/Female

Address _____
Number & Street City Zip Code

Cell Phone: _____ Work Phone: _____ Ethnicity: _____

City of Birth _____

Signature: _____ By signing here, you agree to pay tuition as referenced in the
Parent Student handbook.

*** A child must be of legal school age to enter K-8. The entrance age for Kindergarten is 5 years old ON or BEFORE December 1st of the entering year. •New York State requires that a child be immunized and proof of immunization must be presented at registration (see Health Regulations). ***

Were you referred by a current SSPP family? YES ☐ NO ☐

Referring family name _____

Emergency Contact Name _____ Relation _____ Phone _____

Mom's Email _____ Dad's Email _____

Public School District where you reside _____

Name of last school attended (if any) _____

* Official Documentation from previous school is required

Continued >>>

Are there any educational or health concerns, eg. (IEP, 504 plans) – Circle: **Yes** OR **No**

If yes, please explain: _____

****Students with an IEP or 504 must schedule an appointment with the School Principal to review documents prior to enrolling. Failure to do so will result in enrollment not being accepted.***

Religion of: Student _____ Father _____ Mother _____

Parish/Church _____

Father's Name _____	Mother's Name _____
	Maiden Name _____

Alumnus of SSPP? No Yes _____ (year)	Alumnus of SSPP? No Yes _____ (year)
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Occupation _____	Occupation _____
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Marital Status _____	Marital Status _____
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Present Legal Guardian _____

Sacraments child(ren) received _____ Name & City of Church _____

Would you like to receive information regarding Tuition Angels or other Financial Assistance that may be available? Circle: Yes OR No



68 East Main Street
Hamburg, NY 14075

716-649-7030

sspphamburg.org

January 25, 2023

Dear Parents,

The hard work and fundraising efforts of the Parish Guild have been phenomenal this past year. I am also very grateful to the parishioners of Saints Peter and Paul Parish for their generous support of the School. Working together we continue to strive to keep tuition affordable.

To continue to support the great work of our School, and after consultation with the School Board and Parish Finance Committee, I am announcing a slight tuition increase for next year. Please know that tuition and fees cover just 50% of the cost of educating your children.

For 2023-2024 K – 8 Tuition will be as follows:

One child	\$4395
Two children	\$7295
Three children	\$9095
Family	\$9595

For 2023-2024 Pre-K4 will be as follows:

Each child	\$ 4895
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Please reregister your child/children by March 1st so that you may reserve their place and take advantage of the \$100 discount off the registration fee. We are also offering a new student referral credit of \$150 to the referring family. Children moving up from our PK4 to Kindergarten are eligible for a \$500 tuition credit. Please contact the office for more details.

Saints Peter and Paul School is committed to helping families afford tuition. We encourage families to apply for both the Bison Children's Scholarship Fund and the Saints Peter and Paul Tuition Angels Aid.

For information about applying to the Bison Fund, please check:

www.bisonfund.com.

Please note the March 15, 2023 deadline for the Bison Scholarship applications for the 2023-2024 school year.

For the Saints Peter and Paul Tuition Angels Aid, please contact the school office or check our parish website at:

<https://sspphamburg.org/our-school/tuition-assistance/>

We look forward to seeing all of you next school year.

Rev. Darrell Duffy
Pastor



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TEXTBOOK REQUEST FORM

Students' Name: _____
Last First Middle

Students' Name: _____
Last First Middle

Students' Name: _____
Last First Middle

Students' Name: _____
Last First Middle

Students' Address: _____

Residing in Public School District: _____

Hamburg	009	Evans/Brant	028	Orchard Park	011
Eden	029	Lackawanna	326	Springville	028
Frontier	022	North Collins	033		

Loan of Textbooks

I hereby request the loan of textbooks in the name of _____.

I authorize SS. Peter & Paul School to act on behalf of this student in identifying and ordering books for the student's use. I understand that all books loaned to this student by

_____ are to be maintained in good

(public school district)

condition and that said student must pay for the loss of or excessive damage to the books.

Name of Parent or Guardian

Signature of Parent or Guardian

Date



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SS. PETER & PAUL SCHOOL RECORDS REQUEST FORM

Students' Name: _____
Last First Middle

Students' Name: _____
Last First Middle

Students' Name: _____
Last First Middle

Parents Name: _____
Last First Middle

Last First Middle

Students' Address: _____

Current School: _____

School District: _____

Attention: Principal, Psychologist, School Counselor, Attendance Officer, Nurse, etc.

The above student(s) has/have enrolled at SS. Peter & Paul School.

Please send the following items: Academic Records, Transcript of Grades, current Grades for Marking Period, Health and Immunization Record, Psychological and Confidential Reports, including Individual Education Plans and 504 Plans.

I hereby authorize the release of the above records to SS. Peter & Paul School.

Name of Parent or Guardian

Signature of Parent or Guardian

Date

2021-22 School Year

New York State Immunization Requirements for School Entrance/Attendance¹

NOTES:

Children in a prekindergarten setting should be age-appropriately immunized. The number of doses depends on the schedule recommended by the Advisory Committee on Immunization Practices (ACIP). Intervals between doses of vaccine should be in accordance with the ACIP-recommended immunization schedule for persons 0 through 18 years of age. Doses received before the minimum age or intervals are not valid and do not count toward the number of doses listed below. See footnotes for specific information for each vaccine. Children who are enrolling in grade-less classes should meet the immunization requirements of the grades for which they are age equivalent.

Dose requirements MUST be read with the footnotes of this schedule

Vaccines	Prekindergarten (Day Care, Head Start, Nursery or Pre-k)	Kindergarten and Grades 1, 2, 3, 4 and 5	Grades 6, 7, 8, 9, 10 and 11	Grade 12
Diphtheria and Tetanus toxoid-containing vaccine and Pertussis vaccine (DTaP/DTP/Tdap/Td) ²	4 doses	5 doses or 4 doses if the 4th dose was received at 4 years or older or 3 doses if 7 years or older and the series was started at 1 year or older	3 doses	
Tetanus and Diphtheria toxoid-containing vaccine and Pertussis vaccine adolescent booster (Tdap) ³		Not applicable	1 dose	
Polio vaccine (IPV/OPV) ⁴	3 doses	4 doses or 3 doses If the 3rd dose was received at 4 years or older		
Measles, Mumps and Rubella vaccine (MMR) ⁵	1 dose	2 doses		
Hepatitis B vaccine ⁶	3 doses	3 doses or 2 doses of adult hepatitis B vaccine (Recombivax) for children who received the doses at least 4 months apart between the ages of 11 through 15 years		
Varicella (Chickenpox) vaccine ⁷	1 dose	2 doses		
Meningococcal conjugate vaccine (MenACWY) ⁸		Not applicable	Grades 7, 8, 9, 10 and 11: 1 dose	2 doses or 1 dose if the dose was received at 16 years or older
Haemophilus influenzae type b conjugate vaccine (Hib) ⁹	1 to 4 doses	Not applicable		
Pneumococcal Conjugate vaccine (PCV) ¹⁰	1 to 4 doses	Not applicable		



Department
of Health

Mandatory Physical Exam and Vaccination Information: 2022-23 School Year

New York State law requires that each child in a school district have a health examination including body mass index before entering school for the **first time**, and again **in grades Pre-k, K, 1, 3, 5, 7**. Students wishing to play interscholastic sports or requesting work permits must have an annual health exam. A dental exam form is also requested, but not required at these same times.

Your own health care provider is always the best choice for these exams. We encourage you to call early as it may take several weeks to schedule exams during the busy summer and fall months.

Vaccines are also required for school attendance. Please see the detailed information regarding Pre-K and Kindergarten, 6, 7th and 12th grade especially.

For additional information, we ask that you review the following documentation regarding vaccinations.

- [New York State Immunization Requirements for School Entrance/Attendance](#)
- [New York State Center for School Health – Health Examination FAQs](#)
- [Required NYS School Health Examination Form](#)

If you have any questions please contact Tara Mandeville RN at
email: tmandeville@hcsdk12.org

Phone: 716-926-8536

Forms can be faxed: 716-312-9313

****Sport physical must be done yearly before the sport in order for them to be able to play****