



1223 Church Road  
 St. Paul, MO 63366  
 636-978-1900  
[www.st-paulchurch.org](http://www.st-paulchurch.org)

**2022-2023  
 St. Paul School  
 REGISTRATION**

FAMILY NAME: \_\_\_\_\_

HOME PARISH: \_\_\_\_\_

STUDENT(S) NAME/GRADE:

\_\_\_\_\_  
 \_\_\_\_\_

**REGISTRATION FEE:** This includes book fees, online subscriptions, testing, class parties, and music/art projects. For families withdrawing before June 30, 2022, \$100.00 of the registration fee is refundable. For families withdrawing after July 1, 2022, there is no refund of the registration fee.

**PK-8:**  One Student \$225  Two Students \$400  Three or More \$575

*If received by February 4, 2022: ONE STUDENT \$200, TWO STUDENTS \$ 350, THREE OR MORE STUDENTS \$500*

TOTAL PAID: \$ \_\_\_\_\_

CHECK # \_\_\_\_\_

**TUITION PAYMENT PREFERENCE PAYMENT OPTIONS**

	FULL TUTION COST	OPT. 1 ANNUAL PAYMENT (2% DISCOUNT)	OPT.2 SEMESTER PAYMENTS (1% DISCOUNT)	OPT. 3 FACTS-TEN MONTHLY PAYMENTS
<b>K-8<sup>TH</sup></b>				
<input type="checkbox"/> One Student	\$4,840.00	\$4,743.20	\$2,395.80 (x2)	\$484.00 (x10)
<input type="checkbox"/> Two Students	\$7,250.00	\$7,105.00	\$3,588.75 (x2)	\$725.00 (x10)
<input type="checkbox"/> Three or More	\$8,035.00	\$7,874.30	\$3,977.33 (x2)	\$803.50 (x10)
<b>Pre-School</b>				
<input type="checkbox"/> Per Student-3 &4 yr. 3-Day	\$3,470.00	\$3,400.60	\$1,717.65 (x2)	\$347.00 (x10)
<input type="checkbox"/> Per Student-3 yr. 2-Day	\$2,320.00	\$2,273.60	\$1,148.40 (x2)	\$232.00 (x10)

**In order to be eligible for discount, annual payments must be received by July 10<sup>th</sup>, and semi-annual payments must be received by July 10<sup>th</sup> and January 10<sup>th</sup> respectively. Discount does not apply if payments are late.**

Check here if you were enrolled at St. Paul School last year, used FACTS and your payment information has remained the same. (If box is not checked, you may enroll online at <https://online.factsmgt.com/signin/430P9>)

**Please select one of the following:**

- ANNUAL PAYMENT = NO FEE
- SEMI-ANNUAL PAYMENT = \$10 (one-time fee)
- MONTHLY PAYMENTS = \$45 (one-time fee)

**\*\*If paying by credit card, an additional 2.85% service fee will be charged on each transaction\*\***

I have selected an annual or semi-annual payment and do not wish to enroll in FACTS. Please send an invoice for tuition payment.



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**2022-2023**  
**Kindergarten-8<sup>th</sup> Grade Families**  
**“TOGETHER WE’RE BETTER”**  
**PROGRAM AGREEMENT**

St. Paul Parish sponsors a scrip program. The scrip you purchase through our program generates cash rebates from the participating retailers. These rebates can be applied to St. Paul School's "Together We're Better Obligation". In consideration of your participation in the scrip program, we agree as follows:

1. The parish will operate this scrip program on behalf of parishioners from such retailers and in such quantities as the parishioners designate from time to time, subject to the approval of the parish.
2. Your rebates will be credited to St. Paul School's "Together We're Better Obligation" and allocated to the following: (please check all that apply)
  - a.  Name of Family \_\_\_\_\_
  - b.  As designated on Individual Order Form
3. Any portion of the \$250 "TWB Obligation" that is not satisfied by the rebates is payable at the end of the obligation period.

You agree and acknowledge as follows: (i) your participation in the scrip program is completely voluntary; (ii) the parish is purchasing scrip on your behalf and on behalf of other participants in the program; (iii) you have limited rights to return the scrip we purchase on your behalf, based on the return policy of the scrip supplies; (iv) you shall indemnify the parish against any loss incurred in connection with there being insufficient funds in your account to cover the checks or ACH debits you issue to pay for your scrip; and (v) the parish makes no representation or warranties of any kind with respect to the scrip purchased on your behalf.

Please sign and date below to indicate your acknowledgement of this agreement.

Purchaser's Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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



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## St Paul School Registration Form New Student

Student Name \_\_\_\_\_ Preferred Name \_\_\_\_\_  
 (last name) (first name) (middle)

Address \_\_\_\_\_  
 Street Name City State Zip Code

Birthdate \_\_\_/\_\_\_/\_\_\_ Birthplace (City) \_\_\_\_\_ (County) \_\_\_\_\_ (State) \_\_\_\_\_

Home Phone # \_\_\_/\_\_\_/\_\_\_ Circle One: Male Female Subdivision \_\_\_\_\_  
 (is number unlisted) yes no

Social Security #: \_\_\_-\_\_\_-\_\_\_\_ Birth Certificate # \_\_\_\_\_

School Last Attended \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Date entered \_\_\_\_\_ Date Withdrawn \_\_\_\_\_

List other Schools \_\_\_\_\_

Any student entering St Paul School beyond 1<sup>st</sup> grade will need to meet with the principal for acceptance into the school.

Current Grade \_\_\_\_\_ Current School Year \_\_\_\_\_/\_\_\_\_\_

Ethnic Origin (Circle One): W(White) B(Black) H(Hispanic) A(Asian) I(Indian)  
 (This information is requested for purposes of reporting to Federal Compliance Agencies and is not used in determining admission status)

Language spoken in home: \_\_\_\_\_

In which public school district do you reside? District \_\_\_\_\_  
 Elementary/Middle School your child would attend if going to public school \_\_\_\_\_

**MOTHER'S INFO:**

**FATHER'S INFO:**

First Name	Maiden Name	First Name
Middle Name		Middle Name
Last Name		Last Name
Cell Phone		Cell Phone
E-Mail Address		E-Mail Address
Employer		Employer
Work Phone		Work Phone
Religion		Religion

Physician: \_\_\_\_\_ Dentist \_\_\_\_\_ Hospital \_\_\_\_\_

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Please give the full names of other children already/enrolling in St. Paul School.

NAME	BIRTHDATE	GRADE ENTERING IN FALL

Baptism \_\_\_\_\_  
 First Communion \_\_\_\_\_  
 Confirmation \_\_\_\_\_

\_\_\_\_\_

Date Church City State Verified by

**ADDITIONAL PEOPLE /PHONE NUMBERS ALLOWED TO PICK UP STUDENTS:**

**EMERGENCY:** 1. \_\_\_\_\_ **REGULAR PICK UP** 1. \_\_\_\_\_  
 2. \_\_\_\_\_ 2. \_\_\_\_\_  
 3. \_\_\_\_\_ 3. \_\_\_\_\_  
 4. \_\_\_\_\_ 4. \_\_\_\_\_

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

How did you hear about St. Paul School? \_\_\_\_\_

Referred by: \_\_\_\_\_

Is it your intention to continue with St. Paul School Education in the following school years? YES NO

**If applicable:**

Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Remarried \_\_\_\_\_

If you marked 'yes' to one of the above please answer the following:

Which parent has legal custody? \_\_\_\_\_ (Please provide a copy of the custody paper)

Please indicate with whom the child lives \_\_\_\_\_

Other biological parent name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Should registration and tuition information be mailed to both parties? YES NO

Signature: \_\_\_\_\_

**REGISTRATION CANNOT BE COMPLETED WITHOUT A COPY OF THE CUSTODY PAPERS.**

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# Physical Examination Form

In accordance with the recommendations of the **Archdiocese of Saint Louis Health Advisory Committee**, all children are expected to have a complete physical examination upon entrance to **Pre-School, Kindergarten, 3<sup>rd</sup> Grade, 6<sup>th</sup> Grade, 9<sup>th</sup> Grade, and all newly enrolled students** who have not had a physical examination within the past twelve (12) months. The physical examination must be completed and signed by a licensed medical doctor or physician assistant/nurse practitioner working under a collaborative practice agreement with a medical doctor.

This form is provided for the convenience of your child's physician. At the time of the examination, please have your physician complete and sign this form. It is expected that each student have this form on file at school by the first day of school.

School \_\_\_\_\_ Grade \_\_\_\_\_  
 Student's Name \_\_\_\_\_ DOB \_\_\_\_\_ M or F \_\_\_\_\_  
 Date of Examination \_\_\_\_\_  
 Height \_\_\_\_\_ Weight \_\_\_\_\_ BMI \_\_\_\_\_ BP \_\_\_\_\_ Pulse \_\_\_\_\_

**General Appearance**

Nutrition \_\_\_\_\_ Nose \_\_\_\_\_ Abdomen \_\_\_\_\_ Skin \_\_\_\_\_ Mouth \_\_\_\_\_  
 Back \_\_\_\_\_ Lungs \_\_\_\_\_ Genitalia \_\_\_\_\_ Head \_\_\_\_\_ Throat \_\_\_\_\_  
 Extremities \_\_\_\_\_ Heart \_\_\_\_\_ Neck \_\_\_\_\_ Eyes \_\_\_\_\_ Neurologic Exam \_\_\_\_\_

Physician Comments & Recommendations – Give Details of Management of Significant Illnesses  
 \_\_\_\_\_  
 \_\_\_\_\_

Can Student Carry a Full Program of School Work?      Yes      No      (circle one)  
 Should Physical Activity Be Restricted?      Yes      No  
 Explain \_\_\_\_\_

Hearing Test: Type of Test \_\_\_\_\_ R      L      Both  
 Vision Test: Type of Test \_\_\_\_\_ R      L      Both

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Print Physician Name \_\_\_\_\_

	<p><b><u>PLEASE ATTACH A COPY OF          THE CURRENT IMMUNIZATION RECORD</u></b></p>
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Office Stamp



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## RELEASE OF RECORDS FROM PREVIOUS SCHOOL

I hereby give St. Paul School permission to request and obtain a transcript including Health and medical records, attendance, test scores, grades, psychological information, and other data that may be helpful for the following student(s)

NAME \_\_\_\_\_ GRADE \_\_\_\_\_

NAME \_\_\_\_\_ GRADE \_\_\_\_\_

NAME \_\_\_\_\_ GRADE \_\_\_\_\_

NAME \_\_\_\_\_ GRADE \_\_\_\_\_

FROM:

\_\_\_\_\_  
SCHOOL

\_\_\_\_\_  
STREET ADDRESS/MAILING ADDRESS

\_\_\_\_\_  
CITY STATE ZIP CODE

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN DATE

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