



1223 Church Road
St. Paul, MO 63366
636-978-1900
www.st-paulchurch.org

2024-2025 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, 2024, \$100.00 of the registration fee is refundable. For families withdrawing after July 1, 2024, there is no refund of the registration fee.

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

TUITION PAYMENT PREFERENCE PAYMENT OPTIONS

| | FULL TUITION COST | OPT. 1 ANNUAL PAYMENT (2% DISCOUNT) | OPT. 2 SEMESTER PAYMENTS (1% DISCOUNT) | OPT. 3 FACTS-TEN MONTHLY PAYMENTS |
|--|-------------------------|--|---|--|
| K-8TH | | | | |
| <input type="checkbox"/> One Student | \$5,100.00 | \$4,998.00 | \$2,524.50 (x2) | \$510.00 (x10) |
| <input type="checkbox"/> Two Students | \$7,700.00 | \$7,546.00 | \$3,811.50 (x2) | \$770.00 (x10) |
| <input type="checkbox"/> Three or More | \$8,600.00 | \$8,428.00 | \$4,257.00 (x2) | \$860.00 (x10) |
| Pre-School | | | | |
| <input type="checkbox"/> Per Student-3 & 4 yr. | \$3,700.00 | \$3,626.00 | \$1,831.50 (x2) | \$370.00 (x10) |
| 3-Day | | | | |
| <input type="checkbox"/> Per Student-3 yr. | \$2,500.00 | \$2,450.00 | \$1,237.50 (x2) | \$250.00 (x10) |
| 2-Day | | | | |

In order to be eligible for a discount, annual payments must be received by July 10th, and semi-annual payments must be received by July 10th and January 10th 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 = \$5 (one-time fee)
☐ SEMI-ANNUAL PAYMENT = \$15 (one-time fee)
☐ MONTHLY PAYMENTS = \$50 (one-time fee)

If paying by credit card, an additional 2.95% 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.

TOTAL PAID: \$ _____

CHECK # _____



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2024-2025
Kindergarten-8th 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 # _____

* Please provide the office with a copy of your child's Social Security Card and Birth Certificate

School Last Attended _____ City _____ State ____ Date entered _____ Date Withdrawn _____

List other Schools _____

Any student entering St Paul School beyond 1st 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 INFORMATION

FATHER'S INFORMATION

| | | |
|----------------|-------------|----------------|
| 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 |

Marital Status: MARRIED / SEPARATED / DIVORCED / UNMARRIED

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Physician: _____ Dentist _____ Hospital _____

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 CONTACT:

NAME PHONE NUMBER

1. _____
2. _____
3. _____
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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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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