



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

**2025-2026  
 St. Paul School  
 NEW STUDENT  
 REGISTRATION**

**FAMILY NAME:** \_\_\_\_\_ **HOME PARISH:** \_\_\_\_\_ \*

*\*pending verification*

**STUDENT(S) NAME/GRADE:**

\_\_\_\_\_

**Required Information for all new students**

- **New Student Registration Form**
- **St. Paul School Tuition Payment Options Form 2025-2026**
- **St. Paul School TWB Program Agreement Form (K-8 grade students only)**
- **Physical Examination Form** - required before the first day of school for all new students
- **Most Current Immunizations** – Must be complete and on file in the office by the first day of school.
- **Copy of birth certificate**
- **Copy of Baptismal certificate (if not baptized at St. Paul)**
- **Copy of First Communion certificate (if applicable)**
- **Records Request (1st through 8th grade students only)**
- **Registration Fee PER STUDENT (refunded if not accepted)** This includes book fees, online subscriptions, testing, class parties, and music/art projects. For families withdrawing before June 30, 2025, \$100.00 of the registration fee is refundable. For families withdrawing after July 1, 2025, there is no refund of the registration fee.

**PK-8:**  **One Student \$200**  **Two Students \$350**  **Three or More \$500**

*\*If received after February 7, 2025: ONE STUDENT \$225, TWO STUDENTS \$ 400, THREE OR MORE STUDENTS \$575*

**Check** here if you plan to enroll in FACTS. 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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## TUITION PAYMENT PREFERENCE PAYMENT OPTIONS

**\*PLEASE CHOOSE ONE**

K – 8 PARISHIONER TUITION RATES					
Selection	Number of Students	Tuition Rate	1 Payment Annual Payment (2% discount)	2 Payments Semester Payments (1% discount)	10 Payments FACTS
<input type="checkbox"/>	1	\$5,300	\$5,194	\$2,623.50	\$530
<input type="checkbox"/>	2	\$8,000	\$7,840	\$3,960	\$800
<input type="checkbox"/>	3+	\$8,900	\$8,722	\$4,405.50	\$890

K-8 NON-PARISHIONER TUITION RATES					
Selection	Number of Students	Tuition Rate	1 Payment Annual Payment (2% discount)	2 Payments Semester Payments (1% discount)	10 Payments FACTS
<input type="checkbox"/>	1	\$ 6,500	\$ 6,370	\$ 3,217.50	\$ 650
<input type="checkbox"/>	2	\$10,400	\$10,192	\$ 5,148	\$ 1,040
<input type="checkbox"/>	3+	\$12,500	\$12,250	\$ 6,187.50	\$ 1,250

Preschool PARISHIONER TUITION RATES					
Selection	Program	Tuition Rate	1 Payment Annual Payment (2% discount)	2 Payments Semester Payments (1% discount)	10 Payments FACTS
<input type="checkbox"/>	4 yr – 3 day	\$3,850	\$3,773	\$1,905.75	\$385
<input type="checkbox"/>	3 yr. - 3-day	\$3,850	\$3,773	\$1,905.75	\$385
<input type="checkbox"/>	3 yr - 2-day	\$2,600	\$2,548	\$1,287.00	\$260

Preschool NON-PARISHIONER TUITION RATES					
Selection	Program	Tuition Rate	1 Payment Annual Payment (2% discount)	2 Payments Semester Payments (1% discount)	10 Payments FACTS
<input type="checkbox"/>	4 yr – 3 day	\$5,050	\$ 4,949	\$2,499.75	\$505
<input type="checkbox"/>	3 yr. - 3-day	\$5,050	\$4,949	\$2,499.75	\$505
<input type="checkbox"/>	3 yr - 2-day	\$3,800	\$3,724	\$1,881	\$380



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**2024-2025**  
**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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## REQUEST FOR STUDENT RECORDS

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

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

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

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

### RECORDS REQUESTED FROM:

\_\_\_\_\_  
 SCHOOL

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

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

I/WE HEREBY REQUEST THAT RECORDS FOR THE STUDENT IDENTIFIED ABOVE BE PROVIDED TO THE SCHOOL IDENTIFIED BELOW. I CERTIFY THAT AS PARENT/LEGAL GUARDIAN AND/OR STUDENT, I HAVE THE LEGAL RIGHT TO AUTHORIZE THE RELEASE OF THIS INFORMATION. NOTE: THE AUTHORIZATION OF BOTH THE PARENT/GUARDIAN AND THE STUDENT ARE REQUIRED FOR A CURRENTLY ENROLLED STUDENT WHO IS 18 YEARS OLD OR OLDER.

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

SEND RECORDS TO:

ST. PAUL SCHOOL 636-978-19001 x 200

1235 CHURCH ROAD, ST. PAUL, MO 63366

FOLLOWING ITS ESTABLISHED POLICY, MAY WITHHOLD THE TRANSFER OF INFORMATION IF THERE IS AN UNPAID TUITION BALANCE OR OTHER FINANCIAL OBLIGATION



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# St Paul School Registration Form New Student

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

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 Child's Religion \_\_\_\_\_

\* Please provide the office with a copy of your child's Social Security card, birth certificate, current immunization record, and most recent physical record.

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

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

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? \_\_\_\_\_

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 (please see page 2)

Preference on which parent to call first for sickness/emergencies: \_\_\_\_\_



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

Date Church City State

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

NAME	PHONE NUMBER	RELATIONSHIP TO CHILD
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

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

How did you hear about St. Paul School? Referred by:

**Names/Grades of Siblings at St. Paul:**

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

Medical Conditions of Student:  
 Allergies    Asthma    Diabetes    Seizures    Medications    Heart Problems  
 Recurring Illness    Other: \_\_\_\_\_  
 Explain condition/care needed at school:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**IF APPLICABLE:**

Separated   Divorced   Remarried   Unmarried

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.**