



Holy Spirit Catholic School

3120 Parkwood Lane † Maryland Heights, MO 63043

Phone: 314-739-1934

Dear Parents,

Thank you for choosing Holy Spirit Catholic School! We provide a dedicated staff who will work with you to develop your child (ren) into nurturing, caring young men and women. In addition to an excellent academic curriculum, Holy Spirit Catholic School also offers many additional programs that develop leadership skills and build self-confidence. Our students are challenged to become the young people God created and desired.

Please note, physical examinations are required for students entering Preschool, Pre-kindergarten, Kindergarten, Grade 3, and Grade 6.

Again, thank you for choosing Holy Spirit Catholic School! We take pride in giving our students a Catholic elementary education which holds true value in forming your child(ren) in the ways of the Lord.

Sincerely yours,

A handwritten signature in cursive script that reads "Jill E. Gould".

Jill Gould
Principal



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EARLY CHILDHOOD, KINDERGARTEN THROUGH GRADE 8 2018-2019 TUITION

Holy Spirit Parish's policy is that the parent or responsible guardian of a student(s) enrolled in the parish elementary school or early childhood program shall make tuition/fee payments on behalf of the student(s) for whom they are responsible. Tuition & fees for the 2018-2019 school year are as follows:

2018-2019 EARLY CHILDHOOD PROGRAM TUITION (PS/PK ages 3 & 4)

5 full days	\$525/month (Sept-May)	\$4,725/yr
3 full days	\$425/month (Sept- May)	\$3,825/yr
5 half days (PK only)	\$357/month (Sept-May)	\$3,213/yr
3 half days (PS only)	\$305/month (Sept-May)	\$2,745/yr

EARLY CHILDHOOD PROGRAM FEES:

Preschool & Pre-kindergarten
Registration/Book Fee

\$100 per child must accompany application

2018-2019 KINDERGARTEN THROUGH GRADE 8 TUITION

		<u>annual</u> (2% disc)	<u>semi</u> (1% disc)	<u>monthly</u>
1 student	\$4100.00	\$4018.00	\$2029.50	\$372.73
2 students	\$6675.00	\$6541.50	\$3304.12	\$606.82
3+ students	\$8270.00	\$8104.60	\$4093.65	\$751.82

KINDERGARTEN THROUGH GRADE 8 FEES:

Kindergarten – Grade 8

Registration

\$100 per family must accompany application

Book Fee

\$175 per child paid through FACTS

(Book fees include classroom fees, party fees and technology support)

ALL families will pay tuition & fees through FACTS, a tuition payment and processing system.

FACTS FEES:

No Fee for annual payment

\$10 FACTS Fee (one time) for semi-annual payments

\$43 FACTS Fee (one time) for monthly payments

FACTS accepts payments ACH through checking/saving accounts or credit card.

Questions:

Please contact Julie Ramacciotti, Business Manager: jramacciotti@holyspiritstl.org or 314-739-0230.



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FACTS fact sheet

Enrollment for 2018-19 and FACTS

Holy Spirit Catholic School uses FACTS Tuition Management for collection of our tuition. Once you are enrolled at Holy Spirit, you will receive an email from FACTS, usually in early June, with instructions on how to sign-up.

We will also be using the “**Incidental Billing**” component of FACTS for collection of fees for Spirit Zone (our aftercare program), field trips, etc. Please be sure to access that part as well.

As you can imagine, money that comes through school touches many hands before it finally gets deposited. **Incidental Billing** ensures the safety of those funds, nothing lost in a backpack, and you don't have to have the correct cash or write a check for all of the extra things.

Regardless of how you pay tuition: annual, semi-annual, or monthly, all families will pay through FACTS. The appropriate discounts will be calculated when you choose a payment plan in FACTS. When you are signing up for the tuition payment plan PLEASE add banking information for **Incidental Billing** and set it up for **auto pay**. You may use a different account for **Incidental Billing** than you use for tuition if you choose. The only fee related to using **Incidental Billing** is what you are charged for the tuition payment plan you choose.

If you have any questions, please feel free to contact me.

Welcome to Holy Spirit Catholic School!

Julie Ramacciotti

Business Manager

Holy Spirit Parish & School

jramacciotti@holyspiritstl.org

314-739-0230



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Tuition Payment Schedule 2018-2019

Holy Spirit Parish's policy is the parent or responsible guardian of a student(s) enrolled in the parish elementary school or early childhood program shall make tuition/fee payments on behalf of the student(s) for whom they are responsible.

Student Name(s): _____

Person responsible for paying tuition: _____

Relationship to student: _____

Email: _____ Phone: _____

K-8 Tuition

AMOUNT

1 child - \$4,100 2 children - \$6,675 3 children - \$8,270 \$ _____

Book Fee (per child) \$175.00 x _____ \$ _____

TOTAL DUE: **BILLED AND PAID THROUGH FACTS** \$ _____

Prekindergarten Tuition

3 Full - \$3,825 5 Half - \$3,213 5 Full - \$4,725 \$ _____

Preschool Tuition

3 Half - \$2,745 3 Full - \$3,835 5 Full - \$4,725 \$ _____

10% Discount on PS/PK Tuition if family also has child in K-8 minus 10% \$ _____

TOTAL DUE: **BILLED AND PAID THROUGH FACTS** \$

PLEASE CIRCLE PAYMENT PLAN:

ANNUAL – (2% Discount) SEMI-ANNUAL (1% Discount) MONTHLY

DISCOUNTS WILL BE CALCULATED IN FACTS WHEN PAYMENT PLAN IS CHOSEN.

I agree to meet my commitment to my child's catholic education through the agreed upon payment schedule.

Signed: _____ Date: _____

Questions: Please contact Julie Ramacciotti, Business Manager: jramacciotti@holyspiritstl.org or 314-739-0230.



Holy Spirit Catholic School

New Student APPLICATION

2018-2019 School Year

Student's Name _____

Grade Applying To: PreS PreK Kdg. 1st 2nd
 3rd 4th 5th 6th 7th 8th

Please complete the entire form. Please print legibly.
 If you have any questions regarding this form, please contact
 Mrs. Jill Gould, Principal, or Mrs. Kate Ayres, Secretary, at (314) 739-1934

For Office Use Only

Received: ____/____/____
 Received by: _____
 Application Fee Paid: _____
 Family Account #: _____
 Tuition Assistance: Yes No
 T&T AAS ACA Other

Received:
 Transcripts
 Birth Certificate
 Discipline Record
 Immunizations
 Baptismal Record, if Catholic
 Sibling Consideration
 Name(s) of Sibling(s) Attending:

STUDENT INFORMATION

Legal LAST Name	Legal FIRST Name	MIDDLE Name	Preferred FIRST Name
Home Address (Number, Street, Apt. #)			
City / State / ZIP		Home Phone ()	
Date of Birth (Month/Day/Year) ____/____/____	Student's Social Security Number (Optional) ____ - ____ - ____	Gender (check one) <input type="checkbox"/> Male <input type="checkbox"/> Female	
Place of Birth (City, State and Country if not the US)		Primary Language Spoken at Home	
Student's Religion	Church Attending (if applicable)	Pastor	
Describe the family situation (check all that apply) <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Deceased (Father/Mother/Both) <input type="checkbox"/> Other: _____ <input type="checkbox"/> Father has custody* <input type="checkbox"/> Mother has custody* <input type="checkbox"/> Joint custody* <input type="checkbox"/> Guardian has custody* <i>*If applicable, please submit a copy of the court-mandated parenting plan with the application.</i>			
Student lives with (please check all that apply): <input type="checkbox"/> Both parents/guardians <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Other: _____			
The following information is optional (check all that apply for the student) <input type="checkbox"/> Amer. Indian/Native Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Native Hawaiian/Pac. Island <input type="checkbox"/> White <input type="checkbox"/> Other: _____			
Public School District in Which the Family Resides		Public School Student Would Attend in District	

SCHOOL BACKGROUND OF STUDENT (Include Preschool)

Name of School	Address	Grade(s)	Reason for Leaving

SIBLING INFORMATION					
Name		Birth Date	Grade in 2018-19	School Attending <small>(Indicate if applying here)</small>	
PARENT / GUARDIAN INFORMATION					
<input type="checkbox"/> Person responsible for tuition					
Prefix	FIRST Name	MIDDLE Name	LAST Name	MAIDEN Name	Preferred FIRST
Home Address (Number, Street, Apt.)				City / State / ZIP	
Home Phone		Cell Phone	Work Phone	Email	
Employer and Position			Religion and Parish (or Church, if not Catholic)		
PARENT / GUARDIAN INFORMATION					
Prefix	FIRST Name	MIDDLE Name	LAST Name	MAIDEN Name	Preferred FIRST
Home Address (Number, Street, Apt.)				City / State / ZIP	
Home Phone		Cell Phone	Work Phone	Email	
Employer and Position			Religion and Parish (or Church, if not Catholic)		
STEP-FATHER INFORMATION					
Prefix	FIRST Name	MIDDLE Name	LAST Name	Preferred FIRST	
Home Address (Number, Street, Apt.)				City / State / ZIP	
Home Phone		Cell Phone	Work Phone	Email	
Employer and Position			Religion and Parish (or Church, if not Catholic)		
STEP-MOTHER INFORMATION					
Prefix	FIRST Name	MIDDLE Name	LAST Name	MAIDEN Name	Preferred FIRST
Home Address (Number, Street, Apt.)				City / State / ZIP	
Home Phone		Cell Phone	Work Phone	Email	
Employer and Position			Religion and Parish (or Church, if not Catholic)		
GRANDPARENT INFORMATION					
Paternal Grandparent(s) Name(s)					
Home Address			City / State / ZIP		
Maternal Grandparent(s) Name(s)					
Home Address			City / State / ZIP		

FAMILY NAME _____

MEDICAL INFORMATION (MUST BE COMPLETED FOR ALL STUDENTS IN A FAMILY)

Student's Physician _____ Phone ()

Student's Dentist _____ Phone ()

Hospital where student should be taken if parent or physician is unavailable _____

Allergies and other Medical Conditions (check all that apply)

Allergies: _____

Food Allergies: _____

Asthma Diabetes Epilepsy/Seizures Heart Problems Recurring Illness

Other Medical Concern: _____

Medications are to be taken at school (please complete Medication Authorization form)

EMERGENCY CONTACTS (OTHER THAN PARENT/GUARDIAN – TWO ARE REQUIRED)

By listing a person as an Emergency Contact, they are also allowed to pick up the student from school.

Name	Relationship to Student	Phone(s)
#1 (required)		()
#2 (required)		()
#3 (optional)		()
#4 (optional)		()

In case of accident or serious illness where I and the people designated above are unable to be reached, I hereby authorize the school to call the physician or dentist listed and to follow his/her instructions. If the physician or dentist is unable to be contacted, the school may make whatever arrangements are deemed necessary.

Parent/Guardian signature

Print name

Date

ADDITIONAL INFORMATION

Has this student ever been evaluated for:

- Learning Disability Behavioral Disorder Speech Therapy Physical Therapy
 Occupational Therapy Language Disability Counseling (individual) Counseling (family)

Date of evaluation, if checked above: _____ Place: _____

Name of evaluator: _____

Diagnosis(es): _____

Does this student have an IEP? Yes No Date Implemented: _____

If "yes," we will need a copy of the IEP for our records.

SACRAMENTAL INFORMATION (CATHOLIC STUDENTS) CERTIFICATES REQUIRED

Sacrament	Date	Parish	Location
Baptism			
First Reconciliation			
First Communion			
Confirmation			

To the best of my/our knowledge, the above information is true and correct. (Parent(s)/guardian(s) are reminded that misrepresenting this information will hinder the school's ability to adequately care for the student.)

Parent/Guardian signature

Print name

Date

Please indicate how you heard about Holy Spirit Catholic School:

Were you referred by a current Holy Spirit Catholic School family? If so, please list the family name:

Statement of Confidentiality:

It is the policy of this school that all information received regarding an applicant's application will be treated with complete confidentiality. Only authorized school personnel have access to such information.

Non Discrimination Policy:

Holy Spirit Catholic School will admit students of any race, religion, color, or national and ethnic origin to all rights, privileges, programs, and activities generally accorded or made available to our school. This school will not discriminate on the basis of race, religion, color, or national and ethnic origin in admission policies, scholarships, athletic, and other school administered programs.

***Please submit this completed application along with the non-refundable fee of \$100 per child
(Make check/money order payable to "Holy Spirit Catholic School")***

**Upon receipt and review of completed application materials,
all applicants will be informed of their acceptance status.**

Contact Us

Mrs. Jill Gould, Principal
3120 Parkwood Lane
Maryland Heights, MO 63108
Phone: 3147-39-1934
Fax: 314-739-7703
www.holyspiritstl.org