

Holy Spirit Catholic School

"Where the Spirit Guides You!"

3120 Parkwood Lane

Maryland Heights, MO 63043

314-739-1934 Fax 314-739-7703

NEW STUDENT APPLICATION 2017 – 2018 KINDERGARTEN THROUGH GRADE 8

Date of Application: _____ Grade entering: _____

Student's Name: _____ Social Security #: _____
First Middle Last

Name child goes by: _____

Address: _____

City: _____ Zip Code: _____

Birth Date: _____ Place of Birth: _____
Month Day Year City State

Please check one Male Female

Ethnic Group: (**Please check one**) American Indian, Asian African American, Hispanic,
 Caucasian, Other _____

No. of children in family: ___ No. of girls: ___ No. of boys: ___ Rank of this child: ___ Oldest at Holy Spirit? Y / N

Parish Registered in: _____

Baptismal Date: _____ Church of Baptism: _____

Baptism Church Address: _____
Street Address City State

Public School District in which you reside: ___ Pattonville ___ Parkway ___ Other _____

Please indicate the name of public school your child would attend, if he/she **were not** attending Holy Spirit

Public School Name _____

Does the school need to be aware of any learning difficulties?

Does the school need to be aware of any medical conditions?

Does your child have any physical limitations that would prohibit him/her from participating in Physical Education classes?

(Please continue on next page)

FAMILY INFORMATION

Father's Name _____
Last Name First Name M.I

Father's Religion _____

Father's Home Phone # () _____

Father's Cell# () _____

Father's Email _____

Father's Occupation _____

Name of Company _____

Company Address _____

Company Phone _____

Mother's Name _____
Maiden Name First Name M.I

Mother's Religion _____

Mother's Home Phone # () _____

Mother's Cell# () _____

Mother's Email _____

Mother's Occupation _____

Name of Company _____

Company Address _____

Company Phone _____

*****If student does not live with both birth parents, please complete the following: *****

Step Father's Name _____
Last Name First Name M.I.

Step Father's Religion _____

Step Father's Home Phone # () _____

Step Father's Cell# () _____

Step Father's Email _____

Step Father's Occupation _____

Name of Company _____

Step Mother's Name _____
Last Name First Name M.I.

Step Mother's Religion _____

Step Mother's Home Phone # () _____

Step Mother's Cell# () _____

Step Mother's Email _____

Step Mother's Occupation _____

Name of Company _____

Company Address _____

Company Phone _____

With whom does the child reside?

Mother & Step Father Step Mother & Father Mother Father
 Grandparents Other _____

Who has legal custody of this child? _____

Please provide copy of court document.

Please return this application along with the following:

- Birth Certificate copy
- Baptismal Certificate copy
- Student Physical
- Registration Fee
- \$100 per Family

For Office Use: Registration fee paid Date _____ Amount: _____ Check# _____ Cash _____

**2017-2018 Kindergarten through Grade 8
Tuition Payment Preference**

2017-2018 TUITION Kindergarten – Grade 8

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 2017-2018 school year are as follows:

<u>2017-2018 Tuition Kindergarten – Grade 8</u>				
		<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

FEES:

REGISTRATION FEE: \$100 per Family – must accompany application
 BOOK FEE: \$175 per Child due by July 1st
 (Book fee includes classroom fees, party fees and technology support)

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

FACTS FEE:

- 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. More information to follow about the FACTS process. If you have questions about this information, contact Julie Ramacciotti, 314-739-0230.

This information must be completed and returned with registration fee for registration to be considered complete.

Payment Preference: Please check one of the following payment plans for Grades Kdg through Grade 8:

- _____ Annual payment in JULY (2% discount)
- _____ Semi-annual payments in July & January (1% discount)
- _____ Monthly payments August – June (11 payments)

By signing, I agree to meet my commitment to my child’s catholic education through the agreed upon payment schedule.

Signed: _____ **Date:** _____

Print Name: _____