3120 Parkwood Lane 🕆 Maryland Heights, MO 63043 Phone: 314-739-1934

Dear Families,

Thank you for choosing Holy Spirit Catholic School! We offer a strong academic program that is grounded in our Catholic faith. With the support of our dedicated teachers, our excellent academic curriculum will challenge your children to reach their full potential. In our nurturing environment, students have opportunities to build self-confidence, develop leadership skills, and deepen their faith in God.

For the 2021-22 school year, we plan to offer in-person learning only. coronavirus vaccine becoming available to more people, we do not believe that remote learning will continue to be necessary. However, we will continue to practice good mask wearing, sanitizing, and social distancing as long as needed.

Please note, physical examinations with all immunizations up-to-date are required for students entering preschool, pre-kindergarten, kindergarten, grade 3, and grade 6. Also, all new students will complete a readiness screening before being admitted.

We look forward to partnering with you as we help your child grow in their academic skills and knowledge and develop a love of self, a love of others, and a love of God.

Sincerely yours,

Kathryn L. Koberlein

Kathry I. Koberlin

Principal



### **HOLY SPIRIT CATHOLIC SCHOOL**

## 2021-2022 EARLY CHILDHOOD, KINDERGARTEN THROUGH GRADE 8

Holy Spirit Parish's policy is that the parent(s) or responsible guardian(s) of student(s) enrolled in the parish early childhood program and elementary school shall make tuition/fee payments on behalf of the student(s) for whom they are responsible. Tuition & fees for the 2021-2022 school year are as follows:

Early Childhood Program					
Plan	Annual Rate	Semi Annual	Monthly (12)	Monthly (10)	Monthly (9)
5 Full Days Preschool & Pre- Kindergarten	\$4,867.00	\$2,433.50	\$405.58	\$486.70	\$540.77
3 Full Days Preschool & Pre- Kindergarten	\$3,950.00	\$1,975.00	\$329.16	\$395.00	\$438.88
5 Half Days Preschool & Pre- Kindergarten	\$3,309.00	\$1,654.50	\$275.75	\$330.90	\$367.66
3 Half Days Preschool ONLY	\$2,827.00	\$1,413.50	\$235.58	\$282.70	\$314.11

#### **EARLY CHILDHOOD PROGRAM FEES:**

Pre-School & Pre-Kindergarten: Registration \$100 per child <u>must accompany application</u> All children attending the Early Childhood Programs must be potty trained.

Kindergarten thru Grade	8				
Plan	Tuition	Annual	Semi Annual	Monthly	Monthly
	Rate	2% Discount	1% Discount	(12)	(10)
1 Student	\$3,966.00	\$3,886.68	\$1,963.17	\$330.50	\$396.60
2 Students	\$6,618.00	\$6,485.64	\$3,275.91	\$551.50	\$661.80
3 + Students	\$8,261.00	\$8,095.78	\$4,089.19	\$688.41	\$826.10

#### **KINDERGARTEN THROUGH GRADE 8 FEES:**

Registration Fee of \$100 per family must accompany application along with a completed Tuition Payment Option Form. Both are due Monday, March 1, 2021 to hold your family's spot. Open enrollment begins on Tuesday, March 2, 2021.

Book Fee of \$175 per child paid through FACTS. Book Fees are due by Friday, May 28, 2021. (Book Fees includes classroom fees, party fee and technology support)

<u>ALL families will pay tuition & fees through FACTS, a tuition payment and processing system.</u> There is a \$50 fee payable to FACTS for their services. Families may sign up on line at <a href="https://online.factsmgt.com/signin/42TC7">https://online.factsmgt.com/signin/42TC7</a>. FACTS accepts payments ACH through checking/saving accounts or credit card.

#### Questions:

Please contact Mrs. Katie Koberlein, Principal: kkoberlein@holyspiritstl.org 314-739-1934

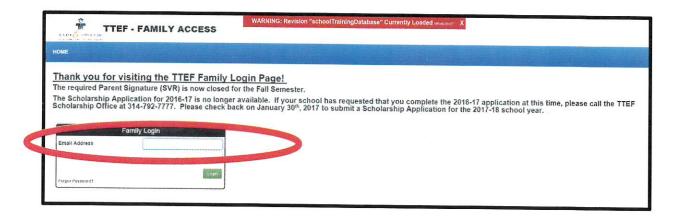


# Unified Online Scholarship Application 2021-2022 New Family Instructions

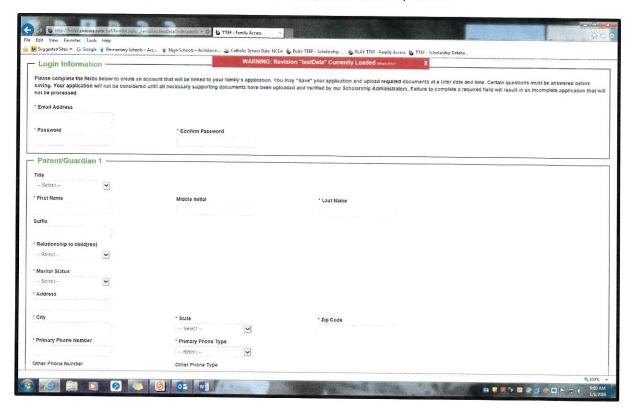
PLEASE NOTE: The instructions below are for families who have <u>never applied</u> for a scholarship through the Today & Tomorrow Educational Foundation. If you have previously applied for a scholarship, you must log in with the email address we have on file for you. If you do not know what this email address is, <u>please stop here</u> and call 314-792-7777 for assistance. Duplicating your family by opening a new account if you have applied before will cause delays in processing your application. We are happy to help you!

#### Applying for a Scholarship as a New Family!

- 1. Open your web browser and type in the address for the TTEF website: <a href="www.ttef-stl.org">www.ttef-stl.org</a> and click the link **Apply**<a href="https://doi.org">Here.</a>
- 2. This site is used by families who are currently receiving a scholarship through TTEF and by families who are not. If you have never applied for a scholarship from TTEF, click the link to **fill out a new application**.
- 3. Please read the text at the top of the page <u>completely</u> before starting your application. All required questions must be answered before you can submit your application.

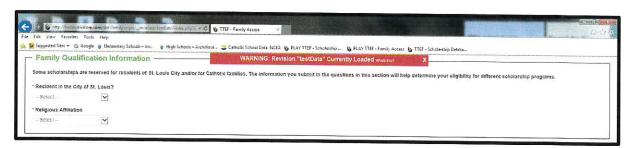


4. **Family Information**: Enter your primary email address in the Login Information **Email Address** box and create a password that you will remember. In the Parent/Guardian 1 and Parent/Guardian 2 sections, please enter all required fields and any additional information that you are able to provide.



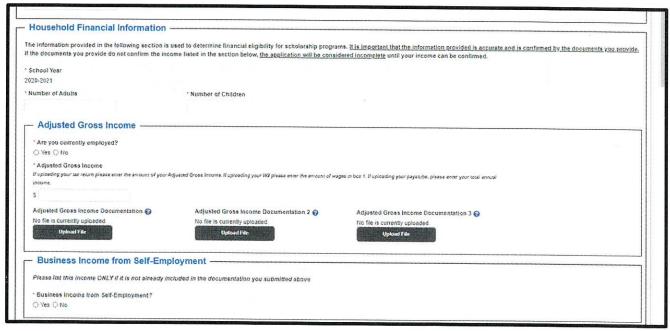
5. The Family Qualification Information section determines eligibility for some scholarships and financial aid programs that are limited to residents of St. Louis City (Help for Today, Hope for Tomorrow) or Catholic families (Catholic Families Tuition Assistance). If you are a resident of St. Louis City and are applying for one or more children to attend an elementary school in St. Louis City, you will be required to upload one proof of residency. A valid proof of residency can be a copy of a utility bill showing your name (or your spouse's entered on application) and your street address in the City; a copy of your/your spouse's Missouri Driver's License; or your/your spouse's Missouri Voter Registration Card.

If you select Catholic as your Religious Affiliation you will be prompted to type your home parish in the box and answer if you are a registered parishioner or not (Yes/No). Once you see your parish listed below the search box where you typed the name, click in the circle next to the parish name to select it as your home parish.





6. **Financials**: To enter household financial information, answer all questions that are required and upload at least one listed document for your Adjusted Gross Income and for any additional income that you need to report in the Yes/No questions below. If you are unable to upload your required documentation, you may submit it via email to ttef@archstl.org, fax to 314-792-7629, or mail to TTEF at 20 Archbishop May Dr., St. Louis, MO, 63119. Your application will not be considered complete until all required documentation is received and verified as matching the income reported on the application.



7. Student Information: Carefully enter application information for each student in your family in grades K-12 who you would like to be considered for a scholarship. Grade and school information must be entered for the 2021-2022 school year. To add additional students, click the green +Add another student button. The short-answer responses and reference contact information required to be considered for Beyond Sunday Fellows are located at the END of the application. This is only available if the student is eligible for Beyond Sunday.

8. Read the Conditions of Ongoing Tuition Grant and click in the box next to each statement to certify that you agree.



When you have completed all the required questions, click submit at the bottom of the page to be sure your application is sent to TTEF Staff. Remember, your application will not be considered complete until all required documentation is received. The next page will display information about submitting the short-answer responses and contact information for references required to be considered for the Beyond Sunday Fellows High School program, if applicable.

#### **IMPORTANT INFORMATION FOR SUBMITTING ADDITIONAL DOCUMENTATION**

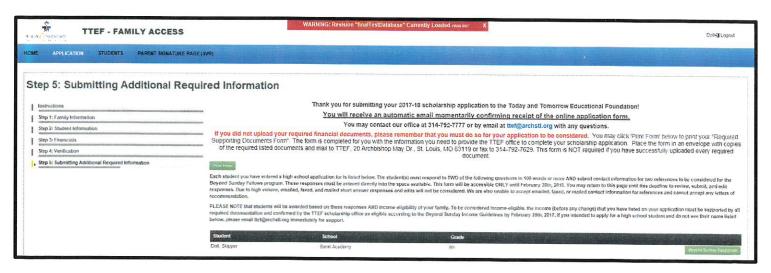
After clicking Submit, you will be redirected to a page that provides instructions for submitting any financial and residency documentation that you were not able to submit. Please click **Print Form** and follow the instructions on the form to submit any documents listed that still need to be submitted. Please do not send duplicate copies of documents already submitted.

By submitting the online application form, you are also creating a TTEF account that you can log into to apply each year and submit required signatures each semester if your child is awarded.

NOTE: You will receive an automatic email after submission of Steps 1-4.

If you are missing any documentation, this does not mean your application is complete, only that the online form was submitted for Steps 1-4.

PLEASE REMEMBER that the short answer responses and reference contact information <u>must be submitted through the online application system by the deadline of February 26<sup>th</sup>, 2021 if applicable. Due to high volume, we cannot accept <u>mailed, emailed, or faxed responses</u>. You will be able to access this page to submit or edit responses until February 26<sup>th</sup>, 2021. Click the green button "Beyond Sunday Responses" to open the box where you will submit the short-answer responses and references.</u>





### 2021-2022 Fees / Tuition Payment Option Form

Pare	nt/Guardian/s Name:					
Addr	ress:					
City:			State	:	ZIP:	
Ema	il:			Phone Numb		guet 2021
	Name(s) of Child(ren)				ttending in Au de:	_
	Student's Name:Student's Name:				de:	
	Student's Name:				de:	
	Student's Name:				de:	
	Please note that a registration					
	Kindergarten – Grade 8	1 Student	2 Student	3 Children	4 Children	
	Tuition	\$3,966	\$6,618	\$8,261	\$8,261	
	Book Fee	\$175	\$350	\$525	\$700	
	Early Childhood Program Circle program attending → →	5 Full Days	3 Full Days	<u>5 Half</u> <u>Days</u>	3 Half Days	
	Preschool	\$4,867	\$3,950	\$3,309	\$2,827	
	Pre-Kindergarten	\$4,867	\$3,950	\$3,309		
This Marc pleas <b>Res</b> [	Option 1 – Annual Payment Plan: Annual Option 2 – Semi Annual Payment Plan: Se January 1.  Option 3 – Monthly Payment Plan: 12 mor Payment plans for fewer months plans must be complete by April may sign up on line at <a href="https://on.completed">https://on.completed form must be returned to the School of 1, 2021 to hold your family's spot. Open endse contact the School Office at (314) 739-1934 consible Party for Tuition Payments:</a>	payment qualifemi Annual payonthly payments are available, and a soline. There is a colonely of Office with your ollment begins the soline.	ies for 2% discomments qualified beginning in July but will result a \$50 fee paya om/signin/42Tour family's register on Tuesday, in the state of the	sount if paid in s for a 1% dis uly 2021 and in higher payr ble to FACTS C7. gistration fee. March 2, 202	ending in Junements amounts for this service.  Both are due 1. If you have a	e 2022. s. Payment e. Families Monday,
<b>-</b>	Street		City	State	ZIP	
Ema I agr	il:ee to make tuition payments for the 2021-2				ne Number nosen above.	
	Signature			Date		
	For Office Use Only: Date Received:		Check #:	Cash:		



Student's Name \_

## Holy Spirit Catholic School

## New Student APPLICATION

2021-2022 School Year

Grade Applying To  $\square$  Pres  $\square$  PreK  $\square$  Kdg.  $\square$  1<sup>st</sup>  $\square$  2<sup>nd</sup> Please check one:  $\square$  3<sup>rd</sup>  $\square$  4<sup>th</sup>  $\square$  5<sup>th</sup>  $\square$  6<sup>th</sup>  $\square$  7<sup>th</sup>  $\square$  8<sup>th</sup>

Received by:	
Application Fe	
amily Accou	
	Tuition
Assistā&đe:□.	AYASs □ ANCOA □ Other
Received:	
☐ Transcrip	ts
☐ Birth Cert	tificate
☐ Discipline	Record
☐ Immuniza	ations
☐ Baptisma	l Record, if Catholic
☐ Sibling Co	
Name(s) of Si	bling(s) Attending:

Please complete the entire form. Please <u>print legibly</u>.

If you have any questions regarding this form, please contact

Mrs. Katie Koberlein, Principal, or Mrs. Kate Ayres, Secretary, at (314) 739-1934

STUDENT INFORMATION					
Legal LAST Name	Legal FIRST Nam	ne	MIDDLE Name		Preferred FIRST Name
Home Address (Number, Street,	Apt. #)		×		=
City / State / ZIP		,	Home Phone		6
Date of Birth (Month/Day/Year)			curity Number (Optional)	SAME AND ADDRESS OF THE PARTY O	heck one)
Place of Birth (City, State and Co		Primary Language Spoken at Home			
Student's Religion	Church Att	tending (	if applicable)	Pastor	
☐ Father has custody* ☐  *If applicable, please submit a  Student lives with (please check ☐ Both parents/guardians [	Separated Divo Mother has custody copy of the court-mall that apply):	* □ andated Father	parenting plan with th	e applicati	☐ Guardian has custody*
☐ Grandparent(s) ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	Other:				
□ Black □ Asian □ Amer. Inc Student Ethnicity: Please check					☐ Multi-Racial
Public School District in Which t	ne Family Resides		Public School Studen	t Would At	tend in District

SCHOOL	BACKGROUND OF ST	UDENT (Include Pres	chool)				
Na	ame of School	Addre	ess	Grac	le(s)	Reason	for Leaving
SIBLNG	INFORMATION						
	Name	Birt	h Date	Grade in 20	21-2022	School Atte	nding (indicate if applying here)
	/ GUARDIAN INFORM						
	on responsible for tuiti FIRST Name	on MIDDLE Name	LAST Nar	~~	NAALE	OFNI Nama	Preferred FIRST
Prefix	FINST Name	WIDDLE Name	LASI IVal	ne	IVAIL	DEN Name	Preferred Fik51
Home A	ddress (Number, Stree	et, Apt.)				City / State / ?	ZIP
Home P	hone	Cell Phone		Work Phone	9	Email	
Employ	er and Position			Religion and Parish (or Church, if not Catholic)		Catholic)	
PARENT	/ GUARDIAN INFORM	//ATION			45.442		
Prefix	FIRST Name	MIDDLE Name	LAST N	ame	MAIC	DEN Name	Preferred FIRST
Home A	ddress (Number, Stree	et, Apt.)		<del> </del>		City / State /	ZIP
Home P	hone	Cell Phone		Work Phone	9	Email	
Employ	er and Position			Religion and	d Parish (or	Church, if not	Catholic)
STEP-FA	THER INFORMATION				100 Aug 18 100 Aug 18 Aug 18 18 18 18 18 18 18 18 18 18 18 18 18		
Prefix	FIRST Name	MIDDLE Name	LAST N	ame	·		Preferred FIRST
Home A	ddress (Number, Stree	et, Apt.)	· · · · · · · · · · · · · · · · · · ·			City / State /	ZIP
Home P	hone	Cell Phone		Work Phone	9	Email	
Employ	er and Position	ı		Religion and	d Parish (or	Church, if not	Catholic)
STEP-M	OTHER INFORMATION						
Prefix	FIRST Name	MIDDLE Name	LAST N	ame	-MAIC	DEN Name	Preferred FIRST
Home A	ddress (Number, Stree	et, Apt.)				City / State /	ZIP
Home P	hone	Cell Phone		Work Phone	<del></del>	Email	
Employ	er and Position		<u> </u>	Religion and	d Parish (or	Church, if not	Catholic)
GRAND	PARENT INFORMATIO	N				en de la companya de	
	l Grandparent(s) Nam					<u> </u>	

	City / State / ZIP	
Maternal Grandparent(s) Name(s)		· · ·
Home Address	City / State / ZIP	:
MEDICAL INFORMATION (MUST BE COMPLETED FOR ALL ST	UDENTS IN A FAMILY)	
Student's Physician	Phone (	
Student's Dentist		,
	Phone (	,
Hospital where student should be taken if parent or physicia		•
Allergies and other Medical Conditions (check all that apply)  Allergies:		
☐ Food Allergies:		<u> </u>
☐ Asthma ☐ Diabetes ☐ Epilepsy/Seizures ☐ Heart	Problems   Recurring Illness	
Other Medical Concern:		
☐ Medications are to be taken at school (please complete N		
EMERGENCY CONTACTS (OTHER THAN PARENT/GUARDIAN By listing a person as an Emergency Contact, they are also al		school.
Name Name	Relationship to Student	Phone(s)
#1 (required)		( )
#2 (required)		( )
#3 (optional)	· · · · · · · · · · · · · · · · · · ·	( )
In case of accident or serious illness where I and the people	designated above are unable to b	e reached, I hereby authorize
the school to call the physician or dentist listed and to follo	ow his/her instructions. If the phy	sician or dentist is unable to
be contacted, the school may make whatever arrangement	s are deemed necessary.	
Parent/Guardian signature Print name		
<u> </u>		Date
ADDITIONALINFORMATION		Date
ADDITIONAL INFORMATION  Has this student ever been evaluated for:		Date
ADDITIONAL INFORMATION  Has this student ever been evaluated for:  Learning Disability  Behavioral Disorder	☐ Speech Therapy	□ Physical Therapy
ADDITIONAL INFORMATION  Has this student ever been evaluated for:	☐ Speech Therapy ☐ Counseling (individual)	
ADDITIONAL INFORMATION  Has this student ever been evaluated for:  ☐ Learning Disability ☐ Behavioral Disorder ☐ Occupational Therapy ☐ Language Disability	☐ Counseling (individual)	☐ Physical Therapy ☐ Counseling (family)
ADDITIONAL INFORMATION  Has this student ever been evaluated for:  ☐ Learning Disability ☐ Behavioral Disorder ☐ Occupational Therapy ☐ Language Disability  Date of evaluation, if checked above:  Name of evaluator:	☐ Counseling (individual) Place:	☐ Physical Therapy ☐ Counseling (family)
ADDITIONAL INFORMATION  Has this student ever been evaluated for:  ☐ Learning Disability ☐ Behavioral Disorder ☐ Occupational Therapy ☐ Language Disability	☐ Counseling (individual) Place:	☐ Physical Therapy ☐ Counseling (family)
ADDITIONAL INFORMATION  Has this student ever been evaluated for:  ☐ Learning Disability ☐ Behavioral Disorder ☐ Occupational Therapy ☐ Language Disability  Date of evaluation, if checked above:  Name of evaluator:	☐ Counseling (individual) Place:	☐ Physical Therapy ☐ Counseling (family)
ADDITIONAL INFORMATION  Has this student ever been evaluated for:  ☐ Learning Disability ☐ Behavioral Disorder ☐ Occupational Therapy ☐ Language Disability  Date of evaluation, if checked above:  Name of evaluator:  Diagnosis(ses):	□ Counseling (individual) Place:	☐ Physical Therapy ☐ Counseling (family)
ADDITIONAL INFORMATION  Has this student ever been evaluated for:  Learning Disability  Descriptional Therapy  Date of evaluation, if checked above:  Name of evaluator:  Diagnosis(ses):  Does this student have an IEP? Yes No	☐ Counseling (individual) Place:	☐ Physical Therapy ☐ Counseling (family)
ADDITIONAL INFORMATION  Has this student ever been evaluated for:  □ Learning Disability □ Behavioral Disorder □ Occupational Therapy □ Language Disability  Date of evaluation, if checked above:  Name of evaluator: □ Diagnosis(ses): □ □  Does this student have an IEP? □ Yes □ No □ Da  If "yes," we will need a copy of the IEP for our records.	□ Counseling (individual)  Place:  te Implemented:	☐ Physical Therapy ☐ Counseling (family)
ADDITIONAL INFORMATION  Has this student ever been evaluated for:  □ Learning Disability □ Behavioral Disorder  □ Occupational Therapy □ Language Disability  Date of evaluation, if checked above:  Name of evaluator:  Diagnosis(ses):  □ Does this student have an IEP? □ Yes □ No □ Da  If "yes," we will need a copy of the IEP for our records.  SACRAMENTAL INFORMATION (CATHOLIC STUDENTS) CERT	Counseling (individual) Place: te Implemented:	☐ Physical Therapy ☐ Counseling (family)
ADDITIONAL INFORMATION  Has this student ever been evaluated for:  Learning Disability Behavioral Disorder  Occupational Therapy Language Disability  Date of evaluation, if checked above:  Name of evaluator:  Diagnosis(ses):  Does this student have an IEP? Yes No Da If "yes," we will need a copy of the IEP for our records.  SACRAMENTAL INFORMATION (CATHOLIC STUDENTS) CERT Sacrament Date	□ Counseling (individual)  Place:  te Implemented:	☐ Physical Therapy ☐ Counseling (family)
ADDITIONAL INFORMATION  Has this student ever been evaluated for:  Learning Disability Behavioral Disorder  Occupational Therapy Language Disability  Date of evaluation, if checked above:  Name of evaluator:  Diagnosis(ses):  Does this student have an IEP? Yes No Da  If "yes," we will need a copy of the IEP for our records.  SACRAMENTAL INFORMATION (CATHOLIC STUDENTS) CERT  Sacrament Date  Baptism	Counseling (individual) Place: te Implemented:	☐ Physical Therapy ☐ Counseling (family)
ADDITIONAL INFORMATION  Has this student ever been evaluated for:  Learning Disability Behavioral Disorder  Occupational Therapy Language Disability  Date of evaluation, if checked above:  Name of evaluator:  Diagnosis(ses):  Does this student have an IEP? Yes No Da  If "yes," we will need a copy of the IEP for our records.  SACRAMENTAL INFORMATION (CATHOLIC STUDENTS) CERT  Sacrament Date  Baptism  First Reconciliation	Counseling (individual) Place: te Implemented:	☐ Physical Therapy ☐ Counseling (family)
ADDITIONAL INFORMATION  Has this student ever been evaluated for:  Learning Disability Behavioral Disorder  Occupational Therapy Language Disability  Date of evaluation, if checked above:  Name of evaluator:  Diagnosis(ses):  Does this student have an IEP? Yes No Da If "yes," we will need a copy of the IEP for our records.  SACRAMENTAL INFORMATION (CATHOLIC STUDENTS) CERT Sacrament Date  Baptism  First Reconciliation  First Communion	Counseling (individual) Place: te Implemented:	☐ Physical Therapy ☐ Counseling (family)
ADDITIONAL INFORMATION  Has this student ever been evaluated for:  Learning Disability Behavioral Disorder  Occupational Therapy Language Disability  Date of evaluation, if checked above:  Name of evaluator:  Diagnosis(ses):  Does this student have an IEP? Yes No Da If "yes," we will need a copy of the IEP for our records.  SACRAMENTAL INFORMATION (CATHOLIC STUDENTS) CERT Sacrament Date  Baptism  First Reconciliation  First Communion  Confirmation	Counseling (individual)  Place:  te Implemented:  Parish	☐ Physical Therapy ☐ Counseling (family)  Location
ADDITIONAL INFORMATION  Has this student ever been evaluated for:  Learning Disability Behavioral Disorder  Occupational Therapy Language Disability  Date of evaluation, if checked above:  Name of evaluator:  Diagnosis(ses):  Does this student have an IEP? Yes No Da If "yes," we will need a copy of the IEP for our records.  SACRAMENTAL INFORMATION (CATHOLIC STUDENTS) CERT Sacrament Date  Baptism  First Reconciliation  First Communion	Counseling (individual)  Place:  te Implemented:  Parish  is true and correct. (Parent(s)/gu	☐ Physical Therapy ☐ Counseling (family) ☐ Location ☐ Location

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 family (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. Katie Koberlein, Principal 3120 Parkwood Lane Maryland Heights, MO 63043 Phone: 314-739-1934

Fax: 314-739-7703 www.holyspiritstl.org