



Holy Spirit Catholic School

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. With the 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
Principal



HOLY SPIRIT CATHOLIC SCHOOL

3120 Parkwood Lane ✠ Maryland Heights, MO 63043

Phone: 314-739-1934

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 must accompany application

All children attending the Early Childhood Programs must be potty trained.

| Kindergarten thru Grade 8 | | | | | |
|----------------------------------|---------------------|---------------------------|--------------------------------|---------------------|---------------------|
| Plan | Tuition Rate | Annual 2% Discount | Semi Annual 1% Discount | Monthly (12) | Monthly (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)

ALL families will pay tuition & fees through FACTS, a tuition payment and processing system. There is a \$50 fee payable to FACTS for their services. Families may sign up on line at <https://online.factsmgt.com/signin/42TC7>. 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 never applied 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, please stop here 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: www.ttef-stl.org and click the link **Apply Here**.
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 completely before starting your application. All required questions must be answered before you can submit your application.

- http://ttest.chicore.com/html/familylogin_login.asp?testDataIndex=play... TTEF - Family Access

File Edit View Favorites Tools Help

Suggested Sites Google Elementary Schools - Arch... High Schools - Arch... Catholic School Date NCAA PLAY TTEF - Scholarship... TTEF - Family Access TTEF - Scholarship Datab...

Login Information

WARNING: Revision "testData" Currently Loaded

Please complete the fields below to create an account that will be linked to your family's application. You may "Save" your application and upload required documents at a later date and time. Certain questions must be answered before saving. Your application will not be considered until all necessary supporting documents have been uploaded and verified by our Scholarship Administrators. Failure to complete a required field will result in an incomplete application that will not be processed.

* Email Address

* Password

* Confirm Password

Parent/Guardian 1

Title

-- Select --

* First Name

Middle Initial

* Last Name

Suffix

* Relationship to child(ren)

-- Select --

* Marital Status

-- Select --

* Address

* City

* State

* Zip Code

* Primary Phone Number

* Primary Phone Type

Other Phone Number

Other Phone Type

-
- http://ttest.cwicore.com/ttest/family_access/index.php? TTEF - Family Access
- File Edit View Favorites Tools Help
- Suggested Sites Google Elementary Schools - Arch. High Schools - Archdiocese Catholic School Data INCEA PLAY TTEF - Scholarship... PLAY TTEF - Family Access TTEF - Scholarship Database...
- ## Family Qualification Information
- WARNING: Revision "testData" Currently Loaded**
- Some scholarships are reserved for residents of St. Louis City and/or for Catholic families. The information you submit in the questions in this section will help determine your eligibility for different scholarship programs.
- * Resident in the City of St. Louis?
- Select
- * Religious Affiliation
- Select

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



Holy Spirit Catholic School

2021-2022 Fees / Tuition Payment Option Form

Parent/Guardian/s Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Email: _____

Name(s) of Child(ren)

Phone Number

Grade Attending in August 2021

Student's Name: _____

Grade: _____

Student's Name: _____

Grade: _____

Student's Name: _____

Grade: _____

Student's Name: _____

Grade: _____

Please note that a registration fee of \$100 per program is due with this form.

| <u>Kindergarten – Grade 8</u> | <u>1 Student</u> | <u>2 Student</u> | <u>3 Children</u> | <u>4 Children</u> |
|---|------------------------------|------------------------------|------------------------------|------------------------------|
| <u>Tuition</u> | \$3,966 | \$6,618 | \$8,261 | \$8,261 |
| <u>Book Fee</u> | \$175 | \$350 | \$525 | \$700 |
| <u>Early Childhood Program</u> <u>Circle program attending → →</u> | <u>5 Full</u> <u>Days</u> | <u>3 Full</u> <u>Days</u> | <u>5 Half</u> <u>Days</u> | <u>3 Half</u> <u>Days</u> |
| Preschool | \$4,867 | \$3,950 | \$3,309 | \$2,827 |
| Pre-Kindergarten | \$4,867 | \$3,950 | \$3,309 | |

Tuition Options (All Payment Plans are processed through FACTS):

- ☐ Option 1 – Annual Payment Plan: Annual payment qualifies for 2% discount if paid in full by September 1.
- ☐ Option 2 – Semi Annual Payment Plan: Semi Annual payments qualifies for a 1% discount if paid in full by January 1.
- ☐ Option 3 – Monthly Payment Plan: 12 monthly payments beginning in July 2021 and ending in June 2022. Payment plans for fewer months are available, but will result in higher payments amounts. Payment plans must be complete by April 30. There is a \$50 fee payable to FACTS for this service. Families may sign up on line at <https://online.factsmtg.com/signin/42TC7>.

This completed form must be returned to the School Office with your family's registration fee. Both are due Monday, March 1, 2021 to hold your family's spot. Open enrollment begins on Tuesday, March 2, 2021. If you have any questions, please contact the School Office at (314) 739-1934

Responsible Party for Tuition Payments: _____

Address: _____
Street City State ZIP

Email: _____
Phone Number

I agree to make tuition payments for the 2021-22 school year according to the option chosen above.

Signature _____

Date _____

For Office Use Only: Date Received: _____ Check #: _____ Cash: _____



Holy Spirit Catholic School

New Student APPLICATION

2021-2022 School Year

For Office Use Only

Received: ____/____/____

Received by: _____

Application Fee Paid: _____

Family Account #: _____

_____ Tuition

Assistance: ☐ AAS ☐ ACA ☐ Other

Received:

☐ Transcripts

☐ Birth Certificate

☐ Discipline Record

☐ Immunizations

☐ Baptismal Record, if Catholic

☐ Sibling Consideration

Name(s) of Sibling(s) Attending:

Student's Name _____

Grade Applying To ☐ Pres ☐ PreK ☐ Kdg. ☐ 1st ☐ 2nd

Please check one: ☐ 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. Katie Koberlein, Principal, or Mrs. Kate Ayres, Secretary, at (314) 739-1934

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: _____ | | | |
| Please check one box <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Amer. Indian/Native Alaskan <input type="checkbox"/> Native Hawaiian/Pac. Island <input type="checkbox"/> White <input type="checkbox"/> Multi-Racial Student Ethnicity: Please check one box <input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Hispanic/Latino | | | |
| 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 2021-2022 | School Attending (Indicate if applying here) | |
| | | | | | |
| | | | | | |
| | | | | | |
| 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 | | |
| 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) | | | |
| <input type="checkbox"/> Allergies: _____ | | | |
| <input type="checkbox"/> Food Allergies: _____ | | | |
| <input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/> Epilepsy/Seizures <input type="checkbox"/> Heart Problems <input type="checkbox"/> Recurring Illness | | | |
| <input type="checkbox"/> Other Medical Concern: _____ | | | |
| <input type="checkbox"/> Medications are to be taken at school (please complete Medication Authorization form) | | | |
| EMERGENCY CONTACTS (OTHER THAN PARENT/GUARDIAN – TWO ARE REQUIRED) | | | |
| <i>By listing a person as an Emergency Contact, they are also allowed to pick up the student from school.</i> | | | |
| Name | Relationship to Student | Phone(s) | |
| #1 (required) | | () | |
| #2 (required) | | () | |
| #3 (optional) | | () | |
| <p>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.</p> | | | |
| Parent/Guardian signature | | Print name | Date |
| ADDITIONAL INFORMATION | | | |
| Has this student ever been evaluated for: | | | |
| <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Behavioral Disorder | <input type="checkbox"/> Speech Therapy | <input type="checkbox"/> Physical Therapy |
| <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Language Disability | <input type="checkbox"/> Counseling (individual) | <input type="checkbox"/> Counseling (family) |
| Date of evaluation, if checked above: _____ | | Place: _____ | |
| Name of evaluator: _____ | | | |
| Diagnosis(es): _____ | | | |
| | | | |
| Does this student have an IEP? <input type="checkbox"/> Yes <input type="checkbox"/> 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 | | | |
| <p>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.)</p> | | | |
| 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 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