

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 black ink that reads "Mrs. Kelly Hewitt". The signature is written in a cursive style.

Mrs. Kelly Hewitt
Principal



HOLY SPIRIT CATHOLIC SCHOOL

3120 Parkwood Lane † Maryland Heights, MO 63043

Phone: 314-739-1934

2019-2020

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 2019-2020 school year are as follows:

2019-2020 EARLY CHILDHOOD PROGRAM TUITION

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:

Pre-School & Pre-Kindergarten:

Registration/Book Fee

\$100 per child must accompany application

2019-2020 KINDERGARTEN THROUGH GRADE 8 TUITION

	<u>Annual</u>	<u>Semi</u>	<u>Monthly</u>
	(2% disc)	(1% disc)	
1 Student	\$4,100.00	\$2,029.50	\$372.73
2 Students	\$6,675.00	\$6,541.50	\$606.82
3+ Students	\$8,270.00	\$8,104.60	\$751.82

KINDERGARTEN THROUGH GRADE 8 FEES:

Kindergarten - Grade 8

\$100 per family must accompany application

Book Fee

\$175 per child paid through FACTS

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

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

FACTS FEES:

No Fee for annual payment

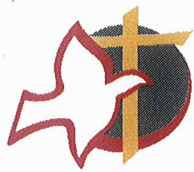
\$10 FACTS Fee (one time) for semi-annual payments

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

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

Questions:

Please contact Mrs. Kelly Hewitt, Principal: khewitt@holyspiritstl.org or 314-739-1934



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Tuition Payment Schedule 2019-2020

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 **families should have this form turned in no later than Thursday, February 28, 2019.**

Student Name(s) & Grades: _____

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 _____ \$ _____

Registration Fee \$100.00 due with this form Kindergarten thru Grade 8

TOTAL DUE: BILLED AND PAID THROUGH FACTS \$ _____

Prekindergarten Tuition

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

Registration/Book Fee \$100.00 due with this form Pre-Kindergarten

Preschool Tuition

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

Registration/Book Fee \$100.00 due with this form Preschool

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

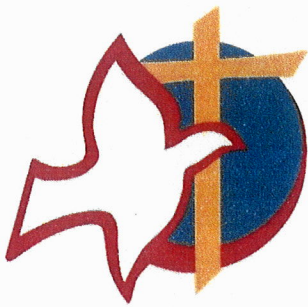
DISCOUNTS WILL BE CALCULATED IN FACTS WHEN PAYMENT PLAN IS CHOSEN.

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

Signed: _____ Date: _____

Questions: Please contact us at khewitt@holyspiritstl.org or 314-739-1934

Date Received _____ Check # _____ Cash _____



Holy Spirit Catholic School

New Student APPLICATION

2019-2020 School Year

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'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. Kelly Hewitt, Principal, or Mrs. Kate Ayres, Secretary, at (314) 739-1934

STUDENT INFORMATION

Legal LAST Name	Legal FIRST Name	MIDDLE Name	Preferred FIRST Name
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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)

☐ Male ☐ 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)

☐ Married ☐ Single ☐ Separated ☐ Divorced ☐ Deceased (Father/Mother/Both) ☐ Other: _____

☐ Father has custody* ☐ Mother has custody* ☐ Joint custody* ☐ Guardian has custody*

**If applicable, please submit a copy of the court-mandated parenting plan with the application.*

Student lives with (please check all that apply):

☐ Both parents/guardians ☐ Mother ☐ Father ☐ Mother/Stepfather ☐ Father/Stepmother

☐ Grandparent(s) ☐ Other: _____

The following information is *optional* (check all that apply for the student)

☐ Amer. Indian/Native Alaskan ☐ Asian ☐ Black ☐ Hispanic ☐ Native Hawaiian/Pac. Island ☐ White ☐ 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 (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

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

- CONTINUED ON REVERSE -

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. Kelly Hewitt, Principal
3120 Parkwood Lane
Maryland Heights, MO 63108
Phone: 314-739-1934
Fax: 314-739-7703
www.holyspiritstl.org