

FAMILY NAME: _____

Family Information – 2024-2025 - PLEASE COMPLETE ALL INFORMATION

Marital Status: Single ___ Married ___ Separated ___ Divorced ___ Widowed ___

Does non-custodial parent have the right to visit/pick-up the student (s)? Yes ___ No ___

Copy of Custody Decree is on file (required) Yes ___ No ___

Father: _____ Contact #: _____

Address: _____ City _____ Zip _____

Employer: _____ Work Phone#: _____

E-mail: _____

Religion & Parish _____

Responsible Billing Party: 100%, 50% or other _____ (please indicate one)

Signature of Father: _____ Date: _____

Mother: _____ Contact #: _____

Address: _____ City: _____

Employer: _____ Work Phone#: _____

Email: _____

Religion & Parish: _____

Responsible Billing Party: 100%, 50%, or other _____ (please indicate one)

Signature of Mother: _____ Date: _____

Mother's maiden name: _____

Please sign and date the back of this form.

FOR OFFICE USE ONLY

Date: _____ Cash Amount: _____ Check #: _____ Check Amount: _____

New Student: Yes ___ No ___

Policies and Guidelines:

1. Admissions Policy:

St. Paul the Apostle Catholic School does not discriminate based on race, color, creed, or ethnic origin. Priority in admissions is given first to current students and their siblings. Second priority is given to Catholic children from St. Paul's Parish and area Catholic Parishes. Third priority is given to all other applicants.

2. This application for admission is complete only with a non-refundable registration fee of \$ 200.00 for the first child and \$175.00 for each additional child. Only complete applications will be processed.

3. To qualify for the Parishioner Discount, Catholic families are required to submit a Parish Verification form, signed by the Pastor each year. If we do not receive your verification form, you will automatically be placed on Non-Parishioner rates. Parish Verification forms can be obtained through the school office.

4. A limited amount of tuition assistance is available to families who are currently enrolled at St. Paul School. Information/applications can be obtained through the school office. Deadline for applications is April 26, 2024.

5. School Uniforms are required for Grades K4 - 5th

6. Parents must provide the school with the Custody section of a Divorce Decree (where applicable) to avoid unintended and potentially embarrassing situations.

If my child/children is/are accepted, I agree to comply with the financial arrangements, and the rules and regulations set up by the school regarding all areas of school life -- Uniform Code, Discipline Code, policies/guidelines in the Parent/Student School Policy Handbook, and day to day directives.

Parent's/Guardian's Signature

Date

Student Application for Admission 2024-2025

Grade entering _____

Name of Student _____
first middle last

Name preferred / Nickname _____

Home Address: _____
City State Zip

Student lives with: _____ Both parents _____ Mother _____ Father _____ Stepmother
_____ Stepfather _____ Other (specify) _____

Sex: _____ Place of Birth: _____ Birth Date _____

Religion _____ Church _____

Ethnic: (Please circle one) White Black Hispanic Asian American Indian Multi Racial

Does your child have any medical conditions the school needs to be aware of? No _____ Yes _____

A photocopy of each item listed, except where noted original, is required of all applicants:

	Attached (please check one)	On File
1. Birth Certificate	_____	_____
2. <u>Original</u> South Carolina Immunization Record	_____	_____
3. a) Baptism * Date Church Location	_____	_____
b) Reconciliation	_____	_____
c) Communion	_____	_____

* If your child has been baptized, regardless of denomination, a copy of the baptismal certificate is required.

NEW AND TRANSFER STUDENTS:

Previous School _____
name phone number

address state zip code

*We will request transcripts and student information.

How did you hear about St. Paul Catholic School? _____