



St. Paul Catholic School
2017-2018

Preschool Programs <input type="checkbox"/> 3-4 <input type="checkbox"/> 4-5 Part-time <input type="checkbox"/> 4-5 Full-Time

Student's Name: _____ **Grade Entering:** _____

Date of Birth: _____/_____/_____ Gender: M F Native Language Spoken by Student: _____

Does this student have an IEP? YES NO Does this student have a 504b Plan? YES NO

Religion: _____ Church: _____

Sacraments:	Year	Church	Location
Baptism:	_____	_____	_____
Reconciliation:	_____	_____	_____
First Communion:	_____	_____	_____
Confirmation:	_____	_____	_____

Ethnicity and Race: (Note: Both Part 1 and Part 2 of the question MUST be answered.)	
Part 1: Ethnicity Is this student Hispanic/Latino?	<input type="checkbox"/> No, not Hispanic/Latino <input type="checkbox"/> Yes. Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)
Part 2: Race What is the student's race? (Choose one or more)	<input type="checkbox"/> American Indian or Alaska Native: A person having origins in any of the original peoples of North or South America (including Central America) and maintaining cultural identification through tribal affiliation or community recognition. <input type="checkbox"/> Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. <input type="checkbox"/> Black or African American: A person having origins in any of the black racial groups of Africa. <input type="checkbox"/> Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. <input type="checkbox"/> White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Parent/Guardian Information

Mail to: (parent/guardian name) _____

Student lives with: Parents Mother Only Father Only Guardian Foster Parent

Guardian 1 Name: _____

Address: _____

City: _____ State: IN Zip Code: _____

Phone: _____ Home Phone Cell Phone

Email: _____

Religion: _____ Parishioner: YES NO

Employer: _____

Phone: _____ Yes, I CAN be reached at work.

Guardian 2 Name: _____

Address: _____

City: _____ State: IN Zip Code: _____

Phone: _____ Home Phone Cell Phone

Email: _____

Religion: _____ Parishioner: YES NO

Employer: _____

Phone: _____ Yes, I CAN be reached at work.

Payment Plan (Please refer to the Tuition Rate sheet regarding fees.)

- I will pay full tuition on or before August 15th.
- I will pay semi-annually with the first payment due on or before August 15th and will pay second semester's tuition on or before January 15th.
- I would like to enroll in 10 monthly automatic withdrawal payments from my checking or savings account.
- I would like information on financial assistance.

How did you hear about us? _____ If referred, by whom: _____
First Last Name

All new student applications are pending until receipt of school records and interview with principal.

For Office Use Only

Date Application Received: _____/_____/20_____

Registration Fee Paid: \$ _____

Technology Fee Paid: \$ _____