

2018-2019 NEW REGISTRATION INFORMATION

St. Paul Catholic School
718 W Main St.
Owosso, MI 48867
989-725-7766
www.spsowosso.org

NEW STUDENT INFORMATION

Confirmation of enrollment will be by phone upon receiving completed registration information.

To complete registration, please return the following to the school office as soon as possible.

1. Completed registration form.
2. Registration fee of \$100 for new families, applicable to the full year's tuition. (Registration is only refundable if the family moves outside the area served by the St. Paul parish.)
3. Tuition Agreement Form signed and dated (one needed per family).
4. Complete health form for each child to be submitted with first tuition payment in August.
5. Copy of each child's baptismal certificate (originals will be returned). If you do not have a certificate, contact the church where your child was baptized.

Other useful information:

1. School Dress code Policy can be found in the Handbook. The school also maintains a "gently-used" uniform closet.
2. Owosso Public School buses are available at no cost for those living in the Owosso Public School District.
3. Questions regarding bills and payments should be directed to Janet Riggs, Parish Bookkeeper, at 989-723-4277 or bookkeeper@stpaulowosso.org.
4. Please notify the school office immediately in case of any address, phone or enrollment changes.
5. The school office is open between 8:00 am and 3:30 pm Monday-Friday. The office is closed approximately June 20-August 15. Messages will be checked throughout the summer.
6. Information regarding financial aid is available through the accounting office. Financial aid applications are available at www.dioceseoflansing.org/schools and need to be mailed by March 1 to FACTS for returning families. The process is very confidential.

KINDERGARTEN REGISTRATION

St. Paul Catholic School

718 W Main St.

Owosso, MI 48867

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STUDENT NAME _____
(LAST) (FIRST) (MIDDLE) (NICKNAME to be used at school)

FATHER NAME (Mr., Dr.) _____

E-MAIL _____

MOTHER NAME (Mrs., Ms., Miss, Dr.) _____

E-MAIL _____

MARITAL STATUS OF PARENTS _____ CHILD RESIDES WITH _____

ADDRESS _____

_____ County _____
(CITY) (ZIP)

School district you now reside in _____

FATHER PHONE _____
(HOME) (CELL) (WORK)

MOTHER PHONE _____
(HOME) (CELL) (WORK)

STUDENT'S BIRTH DATE _____ STUDENT'S RELIGION _____

Place of Birth _____ Language spoken at home _____
City, State

Date of Baptism _____ Church where Baptized _____

Student's Ethnicity (required for National Catholic Education Assn annual report). **Please circle one:**
Native Alaskan Asian Black Native Hawaiian/Pacific Islander White Two or More Races Unknown

School last attended by student (including pre-school) _____

Father's place of employment _____
Name City Phone

Mother's place of employment _____
Name City Phone

Father's Religion _____ Mother's Religion _____

Parish/Church Registered _____ Month/Year Registered _____

Other immediate family members who attend St. Paul Catholic School:

Name	Grade	Name	Grade
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**PLEASE RETURN THIS FORM, \$100 REGISTRATION FEE, AND
THE SIGNED TUITION AGREEMENT FORM TO THE SCHOOL OFFICE.**

* * * * *

OFFICE USE ONLY: FEE PAID on _____ AMOUNT _____ CASH _____ or CK # _____

COMMENTS

NEW STUDENT REGISTRATION

St. Paul Catholic School

718 W Main St.

Owosso, MI 48867

www.spsowosso.org

GRADE _____ START DATE _____ (if not start of school year)

STUDENT NAME _____
(LAST) (FIRST) (MIDDLE) (NICKNAME)

FATHER NAME (Mr., Dr.) _____

E-MAIL _____

MOTHER NAME (Mrs., Ms., Miss, Dr.) _____

E-MAIL _____

MARITAL STATUS OF PARENTS _____ CHILD RESIDES WITH _____

ADDRESS _____

_____ County _____
(CITY) (ZIP)

School district you now reside in _____

FATHER PHONE _____
(HOME) (WORK) (CELL)

MOTHER PHONE _____
(HOME) (WORK) (CELL)

STUDENT'S BIRTH DATE _____ Place of Birth _____
City, State

STUDENT'S RELIGION _____ Language spoken at home _____

Date of Baptism _____ Church where Baptized _____

If applicable, First Communion Date _____ Confirmation Date _____

Student's Ethnicity (required for National Catholic Education Assn annual report). **Please circle one:**
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School last attended by student _____

Father's place of employment _____
Name City Phone

Mother's place of employment _____
Name City Phone

Father's Religion _____ Mother's Religion _____

Parish/Church Registered _____ Month/Year Registered _____

Other Immediate family members who attend St. Paul Catholic School:

Name	Grade	Name	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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OFFICE USE ONLY: FEE PAID on _____ AMOUNT _____ CASH _____ or CK # _____

COMMENTS

PRESCHOOL REGISTRATION

St. Paul Catholic School

718 W Main St.

Owosso, MI 48867

www.spsowosso.org

(Start date if not start of school year _____)

STUDENT NAME _____
(LAST) (FIRST) (MIDDLE) (NICKNAME to be used at school)

FATHER NAME (Mr., Dr.) _____

E-MAIL _____

MOTHER NAME (Mrs., Ms., Miss, Dr.) _____

E-MAIL _____

MARITAL STATUS OF PARENTS _____ CHILD RESIDES WITH _____

ADDRESS _____

_____ County _____
(CITY) (ZIP)

School district you now reside in _____

FATHER PHONE _____
(HOME) (CELL) (WORK)

MOTHER PHONE _____
(HOME) (CELL) (WORK)

STUDENT'S BIRTH DATE _____ STUDENT'S RELIGION _____

Place of Birth _____ Language spoken at home _____
City, State

Date of Baptism _____ Church where Baptized _____

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Name City Phone

Mother's place of employment _____
Name City Phone

Father's Religion _____ Mother's Religion _____

Parish/Church Registered _____ Month/Year Registered _____

Other immediate family members who attend St. Paul Catholic School:
Name Grade Name Grade

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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COMMENTS