

St. Paul Catholic School Returning Family Registration

718 W. Main St Owosso, MI 48867- 989.725.7766 -email:stpaulschool@spsowosso.org- www.spsowosso.org

1. Complete and return this form to the school office to secure your child's position.
2. A registration fee of **\$100 per family** is required. The registration fee is applicable toward tuition and is refundable only if the family moves outside the area served by St. Paul School. Registration fee is due with the registration form.
3. A prerequisite for St. Paul School registration is that all 2016-2017 accounts must be paid in full or current to date.

* * **PLEASE PRINT CLEARLY** * *

FATHER NAME (Mr., Dr.) _____

E-MAIL _____

ADDRESS _____

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

E-MAIL _____

ADDRESS _____

MARITAL STATUS OF PARENTS _____ CHILD(REN)RESIDE WITH _____

BILLING ADDRESS _____

(STREET)

(CITY)

(ZIP)

FATHER PHONE # _____

(HOME)

(WORK)

(CELL)

MOTHER PHONE # _____

(HOME)

(WORK)

(CELL)

RELIGION OF FATHER _____ MOTHER _____

STUDENT(s) _____

School district you now reside in _____

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

List children **returning** to St. Paul:

NAME	BIRTHDATE	GRADE IN SEPT. 2017
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

The following **NEW** student(s) will be enrolling in SPS: _____
(NAME) (BIRTHDATE) (GRADE)

IF YOU ARE GOING TO NEED FINANCIAL ASSISTANCE PLEASE CHECK HERE, YOU WILL BE CONTACTED _____

* * * * *

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

COMMENTS: