

## 2017-2018 NEW REGISTRATION INFORMATION

St. Paul Catholic School  
718 W Main St.  
Owosso, MI 48867  
989-725-7766  
[www.spsowosso.org](http://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](mailto: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](http://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

[www.spsowosso.org](http://www.spsowosso.org)

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 \_\_\_\_\_

\_\_\_\_\_  
(CITY) (ZIP) County \_\_\_\_\_

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 |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

**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](http://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:**  
Native Alaskan Asian Black Native Hawaiian/Pacific Islander White Two or More Races Unknown

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 |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

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

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](http://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 \_\_\_\_\_

**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

|       |       |       |       |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

**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