

Student Information	Last Name First Name Middle Name Preferred Name Grade Enrolling In				
	Physical Address		Street	City, State, Zip	Home Phone Number
	Mailing Address		Street	City, State, Zip	E-Mail Address
	Child Lives with (Mother, Father, Both or Other, please list)			Person Responsible for paying tuition	
	Previous School Name & Address				Date of Birth
	Sex: Race: <input type="checkbox"/> American Indian / Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black / African American <input type="checkbox"/> Hawaiian / Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> M <input type="checkbox"/> F Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic Language spoken in the home: _____				
	Sacraments	Baptism	Date	Church	Address
First Communion		Date	Church	Address	Religion
Reconciliation		Date	Church	Address	Religion
Confirmation		Date	Church	Address	Religion
Father's Information	Last Name		First Name	Religion	
	Street Address		City, State, Zip	Home Phone Number	
	Place of Employment		Work Phone Number	Extension	
	Member of St. Paul Apostle Catholic Church?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Joining		
Mother's Information	Last Name		First Name	Religion	
	Street Address		City, State, Zip	Home Phone Number	
	Place of Employment		Work Phone Number	Extension	
	Member of St. Paul Apostle Catholic Church?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Joining		
General Information	Enrolling child's place in family		IEP or 504	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Siblings Attending St. Paul's School		Suspension / Discipline referrals during last school year	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Name	Grade	Health concerns affecting learning, ie. ADD, ADHD, autism, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			Has your child been retained?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			Please explain:		
Emergency Contact <small>(Other Than A Parent)</small>	Last Name		First Name		
	Relationship		Cell Phone		
	Work Phone		Home Phone		
	I understand that to receive parishioner rates, my family must be active Parishioners. All students accepted on a one semester probationary status.				
Tuition Information	Signature _____				Date _____
	Office Use				
	Tuition & Registration Fee _____		Parishioner	<input type="checkbox"/> Enrolled	<input type="checkbox"/>
	Amount Paid _____		Catholic Non Parishioner	<input type="checkbox"/> Waitlist	<input type="checkbox"/>
Balance Due _____		Non-Catholic	<input type="checkbox"/> Declined	<input type="checkbox"/>	
			<input type="checkbox"/> Withdrawn	<input type="checkbox"/>	