

St. Paul Catholic School
 1425 E. Shelby Dr.
 Memphis, TN 38116
 901-346-0862
 www.stpaulsmemphis.com

Office Use Only	
Date Application Rec'd _____	Birth Cert. _____
App. Fee _____	Trans. Rec'd _____
Bapt. Cert. _____	Immun. _____
Accept. Ltr _____	Cath. Verif. _____
Interview _____	Placement test _____

Application for Admission
 Applying for Grade _____ in School Year **2020-21**

Please submit the following documentation either directly to the school, by fax to 901-396-2677, or by email to secretary.stpaul@stpaul.cdom.org

- A copy of your child's Birth Certificate
- A copy of your child's Baptismal Certificate (all faiths)
- A copy of your child's current and all end of the year report cards from previous years
- A copy of all standardized test scores from current and previous years
- Your child's original Tennessee Department of Health Certificate of Immunization
- Catholic Verification Form (Catholics only—copies in school office)
- \$25 application fee

Applications submitted without these required documents are incomplete and may not be considered for enrollment.

Student Name _____ • Gender Male Female
(First) (Middle) (Last)

Student Nickname _____ Date of Birth _____
(mm/dd/yyyy)

Student SSN/SIN _____

Student's Primary Contact Information:

Address _____ Apt./Unit # _____
(Street Address)

_____, _____, _____, _____
(City) (State) (Zip Code) (Country)

Home Phone (_____) _____ - _____ Cellphone (_____) _____ - _____

Emergency Contact: (name) _____ Phone: _____

Student Ethnicity/Race

<input type="checkbox"/>	African American
<input type="checkbox"/>	American Indian/Native Alaskan
<input type="checkbox"/>	Asian
<input type="checkbox"/>	African
<input type="checkbox"/>	2 or more races
<input type="checkbox"/>	Other: Specify _____

<input type="checkbox"/>	Haitian American
<input type="checkbox"/>	Hispanic
<input type="checkbox"/>	Irish Traveler
<input type="checkbox"/>	Native Hawaiian/Pacific Islander
<input type="checkbox"/>	Caucasian
<input type="checkbox"/>	

Student Citizenship _____ • Primary Language Spoken at Home _____

• Birth City _____ • Birth State _____ • Birth Country _____

How did you hear about St. Paul? _____

• Did the previous school provide any accommodations or modifications for special needs for your child?

Yes No If Yes, please explain. _____

Previous Schools**Has the applicant previously attended another school?** Yes NoMost Recent : Previous School Attended

- School Name _____
- School Street Address _____
- City _____ State _____ Zip _____
- Phone _____ • Dates Attended: *From Date* _____ *To Date* _____
- Grade Completed _____

Has the applicant previously attended any other school? Yes NoSecond Most Recent : Previous School Attended

- School Name _____
- Address: Street Address _____
- City _____ State _____ Zip _____
- Phone _____ • Dates Attended: *From Date* _____ *To Date* _____
- Grade Completed _____

Student Interests**Sports**

<input type="checkbox"/>	Cheerleading
<input type="checkbox"/>	Volleyball

<input type="checkbox"/>	Soccer
<input type="checkbox"/>	Basketball

<input type="checkbox"/>	Flag Football
<input type="checkbox"/>	

Other

<input type="checkbox"/>	Instruments
<input type="checkbox"/>	Choir

Religious Affiliation: Please fill in the following fields about the *Student's* Religious Affiliation.

- Religious Affiliation _____ Current Church/Congregation _____
- Member of St. Paul Catholic Church? Yes No

All Applicants:

- Baptism Church: _____ Date: _____
- City _____ State _____

Catholic Applicants:

Sacraments Received	Church	Date	City	State
Reconciliation				
Communion				
Confirmation				

Alumni or Currently Enrolled Students**Does the Student have any other relatives who currently attend, have attended or have graduated from our school?****Alumnus/ Currently Enrolled Relatives:**

Name	Relationship to Student	Years Attended St. Paul

Household 1 Information: Please answer the following questions about the Student's primary custodial household.

Household 1

• Home Address:

Street Address _____ Country _____

City _____ State _____ Zip _____

Home Phone _____ How many people in your household? _____

In Household 1:

Parent/Guardian One:	Parent/Guardian Two: <i>(leave blank if not applicable)</i>
Last Name _____	Last Name _____
First Name _____	First Name _____
Middle Name _____	Middle Name _____
Suffix _____ Nickname _____	Suffix _____ Nickname _____
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Relationship to Applicant _____	Relationship to Applicant _____
Custodial Rights? <input type="checkbox"/> Yes <input type="checkbox"/> No	Custodial Rights? <input type="checkbox"/> Yes <input type="checkbox"/> No
Financial Responsibility? <input type="checkbox"/> Yes <input type="checkbox"/> No	Financial Responsibility? <input type="checkbox"/> Yes <input type="checkbox"/> No
Receive Correspondence? <input type="checkbox"/> Yes <input type="checkbox"/> No	Receive Correspondence? <input type="checkbox"/> Yes <input type="checkbox"/> No
Marital Status _____	Marital Status _____
Email 1 _____	Email 1 _____
Email 2 _____	Email 2 _____
Work Phone (_____) _____	Work Phone (_____) _____
Cellphone (_____) _____	Cellphone (_____) _____
Occupation _____	Occupation _____
Job Title _____	Job Title _____
Employer _____	Employer _____
Employer Address _____	Employer Address _____
Employer City _____	Employer City _____
Employer State, Zip _____	Employer State, Zip _____
Religious Affiliation <input type="checkbox"/> Same as Student <input type="checkbox"/> Other: _____	Religious Affiliation <input type="checkbox"/> Same as Student <input type="checkbox"/> Other: _____
Current Church/Congregation _____	Current Church/Congregation _____
Highest Level of Education/Degree _____	Highest Level of Education/Degree _____
School Name _____	School Name _____

Household 2 Information

Does the Student have a parent/guardian that lives at another address? Yes No

Household 2

• Home Address:

Street Address _____ Country _____

City _____ State _____ Zip _____

Home Phone _____ How many people in your household? _____

In Household 2:

Parent/Guardian One:	Parent/Guardian Two: <i>(leave blank if not applicable)</i>
Last Name _____	Last Name _____
First Name _____	First Name _____
Middle Name _____	Middle Name _____
Suffix _____ Nickname _____	Suffix _____ Nickname _____
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Relationship to Applicant _____	Relationship to Applicant _____
Custodial Rights? <input type="checkbox"/> Yes <input type="checkbox"/> No	Custodial Rights? <input type="checkbox"/> Yes <input type="checkbox"/> No
Financial Responsibility? <input type="checkbox"/> Yes <input type="checkbox"/> No	Financial Responsibility? <input type="checkbox"/> Yes <input type="checkbox"/> No
Receive Correspondence? <input type="checkbox"/> Yes <input type="checkbox"/> No	Receive Correspondence? <input type="checkbox"/> Yes <input type="checkbox"/> No
Marital Status _____	Marital Status _____
Email 1 _____	Email 1 _____
Email 2 _____	Email 2 _____
Work Phone (____) _____	Work Phone (____) _____
Cellphone (____) _____	Cellphone (____) _____
Occupation _____	Occupation _____
Job Title _____	Job Title _____
Employer _____	Employer _____
Employer Address _____	Employer Address _____
Employer City _____	Employer City _____
Employer State, Zip _____	Employer State, Zip _____
Religious Affiliation	Religious Affiliation
<input type="checkbox"/> Same as Student	<input type="checkbox"/> Same as Student
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____
Current Church/Congregation	Current Church/Congregation
_____	_____
Highest Level of Education/Degree _____	Highest Level of Education/Degree _____
School Name _____	School Name _____

Siblings Does the Student have any siblings? Yes No If yes, how many? _____

Please list Siblings:

Name	Age	Gender	Date of Birth	Current School

Grandparents Does the Student have any grandparents living? Yes No

Please list Grandparents:

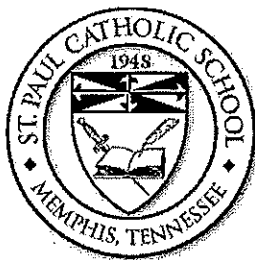
Name	Grandmother or Grandfather?

Agreements

I understand that if my child is accepted to Saint Paul Catholic School, he/she will be subject to the rules and regulations stated in the admissions information and school handbook which are revised annually. I further understand that I will be financially responsible for all tuition and fees stated therein. I also understand that failure to disclose information which might affect admissions decisions may result in the requirement to withdraw my student in the event the school is unable to adequately address my child's learning or behavioral needs.

Signature of Parent/Guardian

Date



Transcript Release Form

Parents/Guardians: Please complete this form and return to Saint Paul Catholic School with the Application for Admission. Permanent Records are requested only after acceptance.

_____, _____
Name of Applicant Date of Birth

has registered for grade _____ for school year _____ at Saint Paul Catholic School. Permission is granted for the full and complete release of the applicant's academic and disciplinary records, transcripts (including the most recent report card), standardized test results, immunization records and any psychology evaluations.

Current School Information:

School Name: _____

School Address: _____

Phone: _____ Fax: _____

Present Grade of Student: _____

I hereby certify that I am the parent/guardian of the above named student.

Printed Name Signature of Parent/Guardian Date

Registrar: Please send records on the above student to:

St. Paul Catholic School

School Address: 1425 E. Shelby Drive

(City) Memphis (State) TN (Zip) 38116

Phone: 901-346-0862 Fax: 901-396-2677

Or e-mail to: secretary.stpaul@stpaul.cdom.org

Thank you for your assistance.

First Request _____

Second Request _____

St. Paul School

Request for Financial Aid Application

We have limited financial aid available. Scholarship money is awarded on a first-come, first-serve basis. Beginning 2020 – 2021 school year, the following requirements must be met:

- **To maintain awarded scholarship each student must have logged 15 hours of volunteer time by March 15th each year.**
- **All fees owed to St. Paul or another Catholic School must be current.**

Parent Name(s)/: _____

Address: _____

Phone: _____

Student Name(s) / Previous School 19 - 20:

Grade 2020 -21:

_____	_____
_____	_____
_____	_____
_____	_____

Who is responsible for the tuition for the dependent(s) living with you?

____ Father ____ % Name _____ Annual Income: _____

____ Mother ____ % Name _____ Annual Income: _____

____ Other ____ % Name _____ Annual Income: _____

How much do you feel you can contribute per month to your child's education?

\$ _____

****After your child(ren) has been accepted, you will be contacted concerning the process of applying for Financial Assistance through FACTS.**

Thank you