



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

*www.stpaulschool  
 memphis.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 *tandra.davis@stpaulsmemphis.com*

- 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

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  No

Most 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  No

Second 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:***

<b>Parent/Guardian One:</b>	<b>Parent/Guardian Two:</b> <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:**

<b>Parent/Guardian One:</b>	<b>Parent/Guardian Two:</b> <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



# Pre- K Student Information

Date: \_\_\_\_\_

Student Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Sex \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Phone \_\_\_\_\_

Please indicate the appropriate program by checking the correct line below:

\_\_\_\_\_ Pre-K 3 Full Day Program (6:30am -6:00pm)

\_\_\_\_\_ Pre-K 3 Half Day Program (7:50am – 12:30pm)

\_\_\_\_\_ Pre-K 3 School Day Program (6:30am – 2:45pm)

\_\_\_\_\_ Pre-K 4 Full Day Program (6:30am -6:00pm)

\_\_\_\_\_ Pre-K 4 Half Day Program (7:50am – 12:30pm)

\_\_\_\_\_ Pre-K 4 School Day Program (6:30am – 2:45pm)

Please circle the correct option below:

Custody of student: Both Parents      Mother      Father

Other\*: (please specify) \_\_\_\_\_

\*(Note: Custody papers must be on file at school in order to enforce)

Student resides with: Both parents      Mother      Father

Other: (please explain) \_\_\_\_\_

## Father's Information:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Religion: \_\_\_\_\_

Occupation: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Work #: \_\_\_\_\_

Primary Email: \_\_\_\_\_

**Mother's Information:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Religion: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_ Work #: \_\_\_\_\_  
Primary Email: \_\_\_\_\_

**Emergency Contacts:**

• Name: \_\_\_\_\_ Primary Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_  
Authorized to pick up student?:  Yes  No

• Name: \_\_\_\_\_ Primary Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_  
Authorized to pick up student?:  Yes  No

• Name: \_\_\_\_\_ Primary Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_  
Authorized to pick up student?:  Yes  No

• Name: \_\_\_\_\_ Primary Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_  
Authorized to pick up student?:  Yes  No

• Name: \_\_\_\_\_ Primary Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_  
Authorized to pick up student?:  Yes  No

Doctor's name: \_\_\_\_\_ Phone: \_\_\_\_\_

*Please notify the school in writing if this is to be change.*

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date