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**Saint Paul's School
Application for Admission**

P.O. Box 928 Covington, LA 70434

Phone: 985 / 892-3200 Fax: 985 / 892-4048

Email: stpauls@stpauls.com Web Site: www.stpauls.com

Date of Application _____ Applying for Grade _____ in Fall of _____

Student Name as it appears on Birth Certificate:

_____ Goes by: _____
(First) (Middle) (Last + Suffix, if any)

Mailing Address _____

City _____ State _____ Zip _____

Telephone Home _____ Student Cell (if any) _____

Parent / Guardian _____

Father's Name _____ Occupation & Company _____

Mother's Name _____ Occupation & Company _____

Parents are: Together ___ Divorced ___ Separated ___ Deceased (indicate which) _____

If parents are separated or divorced, student lives with _____

If parents are separated or divorced, Father is remarried / single (circle one); Mother is remarried / single (circle one)

If parents are separated or divorced, are there any legal restrictions regarding access by non-custodial parent or tuition payment?
_____ If yes, school must be provided with copy of the legal restrictions.

To add a divorced or separated parent to the contact list: Name _____
Address _____
Phone # _____
Email: _____

Home Phone Father _____ Mother _____

Cell Phone Father _____ Mother _____

Business Phones Father _____ Mother _____

Emergency Contact Name _____ Phone _____

Note: Once a student is admitted, we communicate through email – including the sending of report cards and important notices. We must have, therefore, accurate email addresses. Please print clearly:

Email Address Father _____ Mother _____

Student _____ Student's Date of Birth ____ / ____ / ____
month day year

Payment Method (check one) Direct (due by June 1) _____ Bank Financed _____

Printed name of party responsible for payment: _____

Signature of Party responsible for payment: _____

Address of Party responsible for payment: _____

Email Address to be used for Billing: _____

Note: All financial accounts not paid in full by end of month will be charged 1% monthly interest rate.

School Student Currently Attends _____

Number of Brothers Older _____ Younger _____ **Attended(ing) St. Paul's** _____

Number of Sisters Older _____ Younger _____

Student's Religion _____

If Catholic, Student's Catholic Church Parish _____

If not Catholic, Catholic Church Nearest Student's Home _____

Student's Race (required for state and federal reports)

Check one:

_____ American Indian / Alaskan Native _____ Asian _____ Black / African American _____ White

_____ Hispanic / Latino _____ Native Hawaiian / Pacific Islander _____ Two or more races

**List which two _____

Note: The Saint Paul's School is non-discriminatory. We admit students of any race, color, national or ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at this school. We specifically, but not exclusively, make no discrimination on the basis of race, color, national or ethnic origin, in administration of education policies, application for admission, financial aid, and athletic & extracurricular programs.

List names of close relatives who have attended Saint Paul's or Saint Scholastica Academy:

List any involvement with Saint Paul's (attendance at Jazz n' Roll, Celebrity Waiters Dinner, sports, drama or other camps, previous volunteer efforts or support, Annual Fund or Capital Campaign donor, etc.)

We became interested in Saint Paul's through: _____

Withdrawals and Dismissals: Students are admitted upon the express condition that they shall remain at Saint Paul's for the entire academic year unless dismissed for misconduct or breach of school discipline. In the event of such dismissal or in the case of voluntary withdrawal, the parent agrees to forfeit all fees. The parent will be charged tuition through the end of the **semester** in which the student withdraws.

By signing below, I indicate that I am aware of the tuition and fee refund policy.

Parent / Guardian Signature: _____

Parent / Guardian Printed Name: _____

Date: _____

*****For Office Use*****

No: _____ Entry Date _____ Grad Yr _____ Financed _____

ACADEMIC HISTORY

Date: _____ Student Name: _____ Entering Grade: _____

The following information is CONFIDENTIAL and will be used as a guideline for your son's academic success should he choose to attend St. Paul's. In order for our faculty and staff to accommodate your son appropriately, all documentation must be on file prior to his first year at St. Paul's.

Educationally evaluated? No Yes

If you checked yes, you MUST provide copies of the evaluation(s) for your son to receive academic accommodations in the classroom and to qualify for national standardized testing accommodations.

Psychologically evaluated? No Yes

If you checked yes, you MUST provide copies of the evaluation(s).

List medical or health considerations (vision, hearing, etc.). Please provide documentation for those listed.

List educational exceptionalities. Please provide documentation for those listed.

Is the student on maintenance medication? No Yes If so, what is it? _____

List schools attended from grade 5 to present:

Has the student ever repeated a grade? No Yes If so, what grade? _____

Please specify if the student attended special classes such as resource, special ed., remedial, gifted and/or talented?

Has the student been placed on probation, suspended, or expelled from school in the last year? No Yes
Please specify the school and the circumstance

Please add any additional information that is not listed above _____

Is English the primary language spoken at home Yes No

Highest level of education completed (Circle one)

Father: Less than High School High School/GED Associates Degree Bachelor's Master's or higher

Mother: Less than High School High School/GED Associates Degree Bachelor's Master's or higher