



SAINTS PETER AND PAUL CATHOLIC SCHOOL

Registration Form 2019-2020

Parent/Guardian: Please fill in all required data (IN BLUE OR BLACK INK) as neatly as possible and return to the school office. Forms will be returned if not filled out in their entirety. Please read carefully.

STUDENT'S NAME _____ (M / F) GRADE _____
LAST FIRST MIDDLE CIRCLE ONE

ADDRESS _____ PHONE _____
(STREET)

CITY _____ STATE _____ ZIP CODE _____

STUDENT'S SOCIAL SECURITY # _____

BIRTHDATE _____ PLACE _____
MONTH DAY YEAR CITY STATE

BAPTISM _____ CHURCH _____
MONTH DAY YEAR CITY STATE

FIRST COMMUNION _____ CHURCH _____
MONTH DAY YEAR CITY STATE

SCHOOL PREVIOUSLY ATTENDED (if any) _____ GRADE _____

Previous School Address City, State, Zip Phone Number

Guardian/Person Child Lives With Relationship Language Spoken in Home

Medical Information/Procedure for Medical Emergency

DOCTOR TO BE CALLED IN THE EVENT OF AN EMERGENCY _____ PHONE _____

ALLERGIES _____ LIFE THREATENING? _____

ASTHMA? _____ INHALER USED? _____ MEDICATION? _____

OTHER MEDICAL CONDITIONS? _____ Office may administer OTC medications: ___ Yes ___ No

List Names and Telephone Numbers of two friends or relatives who could be contacted to care for your child in case of sickness or an emergency if you cannot be reached. (Names listed may be asked to provide picture I.D.)

Name of Friend or Relative: _____ Phone Number(s): _____

In the event of illness or accident, I understand that I will be notified if at all possible. In case of emergency and cannot be reached, Sts. Peter and Paul School has my permission to take the above mentioned student to the Emergency Room at Jennie Stuart Medical Center after the above mentioned doctor has been notified.

Parent Signature _____ Date _____

PARENT INFORMATION

FATHER _____ **RELIGION** _____

HOME PHONE _____ **SOCIAL SECURITY NUMBER** _____

If different
than student:

ADDRESS _____
STREET CITY STATE ZIP CODE

EMPLOYER _____ **BUSINESS PHONE** _____

MILITARY RANK _____ **COMMANDING OFFICER** _____

ADDRESS _____

Married _____ Divorced _____ Remarried _____ Widowed _____ Single _____ Deceased _____

CELL PHONE _____ **EMAIL ADDRESS** _____

MOTHER _____ **RELIGION** _____

HOME PHONE _____ **SOCIAL SECURITY NUMBER** _____

If different
than student:

ADDRESS _____
STREET CITY STATE ZIP CODE

EMPLOYER _____ **BUSINESS PHONE** _____

MILITARY RANK _____ **COMMANDING OFFICER** _____

ADDRESS _____

Married _____ Divorced _____ Remarried _____ Widowed _____ Single _____ Deceased _____

CELL PHONE _____ **EMAIL ADDRESS** _____

HOW DID YOU HEAR ABOUT SPSS?

____ Social Media ____ Mail ____ Advertising ⇨ _____ **Name of Publication**

Referred by a friend? Name of referring friend? _____

I hereby approve and attest that all information is true and correct. All information will be updated when needed.
By signing below, I agree that all registration fees are non-refundable and due at the time of registration.

Date

Signature of Parent or Guardian

FOR OFFICE USE ONLY

Registration Fee Date Paid Check/Cash Entry Date Withdrawal Date



STS. PETER & PAUL CATHOLIC SCHOOL

2019-2020 FINANCIAL AGREEMENT

Contract for the _____ Family Address: _____
 Student(s) Full Name _____ Apt. #: _____
 1 _____ City & State: _____
 2 _____ Zip: _____
 3 _____
 4 _____

I (We) select the following plan (check one) for payment of tuition:

- One payment of \$_____ due on or before August 31, 2019.
- Two (02) payments each of \$_____ due on or before August 31, 2019 and January 31, 2020.
- Monthly EFT payments taken out automatically on the 5th or 20th of each month for TWELVE months.

If selecting Monthly EFT payments, please complete the AUTHORIZATION AGREEMENT for pre-authorized payments and provide a Voided Check on **reverse side**.

Parent/Guardian Fiscal Responsibilities

Tuition Responsibility/Early Withdrawal

If a student withdraws from SPPS to attend another school within the district, tuition and fees will be forfeited. If the parent is paying tuition each month, he/she is responsible for paying the remainder within the semester the student withdraws. If a student enrolled at SPPS withdraws from school due to moving/transfer out of this school district, no tuition or fees will be refunded; however, the parent will not be responsible for paying the remainder of the semester's tuition. Tuition reimbursement for early withdrawal may be considered in cases of extreme medical or personal hardship.

Any acceptations or modifications to this financial agreement shall not affect the provisions of or enforceability of this contract.

Delinquent Accounts

- A. Unless the school office is notified and approves specific situations, accounts paid after the due date will be assessed a \$25 late fee. Accounts over 30 days past due will be considered delinquent.
- B. Families with delinquent accounts will be called for a conference with the Education Council. Failure to meet financial obligations by the due date may require that the student withdraw until a satisfactory financial agreement can be made.
- C. Financial obligations from the previous semester or school year must be met before the student may begin the new semester or school year. Any exception to this policy will be made on a case by case basis only, in recognition of particular circumstances and for a probationary period lasting no more than one semester.
- D. No final evaluation (report card), results of achievement tests, transcript or diploma will be released until all financial obligations have been met.
- E. All return checks or non-sufficient funds will be assessed a \$25 penalty plus any applicable late/bank fees.
- F. After 30 days and no arrangement for payment has been arranged, a collection agency or small claims court will be contacted.

I (We) have read and understand the financial policies and penalties spelled out on the form. I (we) do agree to pay all the fees, and tuition, and any incurred penalties according to the terms and policies. I (we) have selected from the tuition schedule set forth in this contract. Your digital signature will serve as your official signature.

Father/Guardian Signature _____ Social Security # _____ Date _____

Mother/Guardian Signature _____ Social Security # _____ Date _____



AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

Sts. Peter and Paul Catholic School

I (We) hereby authorize Sts. Peter and Paul Catholic Church hereinafter called SAINTS, to initiate debit entries to my (our) Account indicated below at the named below, hereinafter called DEPOSITORY, to debit the same to such account.

Use for new account or if account information has changed.

DEPOSITORY NAME: _____

Branch: _____

City: _____ State: _____

Routing Number: _____

Account Number: _____

Check if using previous account (We must have a Voided check even if using previous account)

Checking Account

Savings Account

This authorization is to remain in full force and effect until SAINTS has received written notification from me (or either of us) of its termination in such time and in such manners as to afford SAINTS and DEPOSITORY a reasonable opportunity to act on it.

Name: _____
(Please Print)

Signature: _____ Date: _____

NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS **MUST** PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

FAMILY NAME: _____

I (We) authorize TWELVE (12) monthly debit payments of \$ _____ from our checking account beginning July 5, 2019 and ending June 5, 2020.

I (We) authorize TWELVE (12) monthly debit payments of \$ _____ from our checking account beginning July 20, 2019 and ending June 20, 2020.

I (We) authorize TWENTY FOUR (24) bimonthly, payments of \$ _____ from my (our) checking account beginning July 5 and 20, 2019 and ending June 5 and 20, 2020.



2019-2020 Transportation-Medical Form

Family Name: _____

I, _____, authorize the following people to pick up my child(ren) from Sts. Peter & Paul School:

No child will be released to anyone other than the names listed above. If anyone other than those listed above is to pick up your child(ren), a note must be sent from the parent/guardian with his/her signature. Those picking up student may be asked for Photo ID.

Medical Information/Procedure for Medical Emergency

Mother's Primary Contact Number: _____

Father's Primary Contact Number: _____

If we are unable to reach you at the numbers listed above, please list below the names and telephone numbers of two relatives or friends who could be contacted to care for your child(ren) in case of sickness or an emergency.

Family Doctor's Name _____ **Phone Number** _____

Child's Name & Grade	Child's Name & Grade	Child's Name & Grade
Office may administer	Office may administer	Office may administer
OTC meds? _____ Y _____ N	OTC meds? _____ Y _____ N	OTC meds? _____ Y _____ N
Allergies? _____ Y _____ N	Allergies? _____ Y _____ N	Allergies? _____ Y _____ N
Please list: _____ _____	Please list: _____ _____	Please list: _____ _____
Life threatening? _____ Y _____ N	Life threatening? _____ Y _____ N	Life threatening? _____ Y _____ N
Asthma? _____ Y _____ N	Asthma? _____ Y _____ N	Asthma? _____ Y _____ N
Inhaler used? _____ Y _____ N	Inhaler used? _____ Y _____ N	Inhaler used? _____ Y _____ N
Other medical Conditions? _____ _____	Other medical Conditions? _____ _____	Other medical Conditions? _____ _____

In the event of any illness or accident, I understand that I will be notified if at all possible. In the case of a medical emergency and I cannot be reached, Saints Peter and Paul School has my permission to take my child(ren) to the Emergency Room at Jennie Stuart Medical Center after my family doctor has been contacted.

Parent Signature: _____ **Date:** _____