

# 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](mailto:stpauls@stpauls.com) Web Site: [www.stpauls.com](http://www.stpauls.com)

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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 \_\_\_\_\_

Business Phone Father \_\_\_\_\_ Mother \_\_\_\_\_

Cell 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 15) \_\_\_\_\_ 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 \_\_\_\_\_

**Public** School student would attend **NEXT YEAR** if not at SPS (needed for mandatory reports): \_\_\_\_\_

Number of Brothers Older \_\_\_\_\_ Younger \_\_\_\_\_

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

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 \_\_\_\_\_



# Saint Paul's School

917 South Jahncke Avenue, Covington, Louisiana 70433  
Counseling Office, La Salle Hall phone: 985.892.3200 x4100

## 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.).

\_\_\_\_\_

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 \_\_\_\_\_

\_\_\_\_\_