

Amount: _____
Check #: _____
Date: _____

2018-2019
ST. PAUL'S CATHOLIC SCHOOL – Registration Form
1515 8TH ST. SO NAMPA, ID 83651
208-467-3601 FAX 208-467-6485

PARENT INFORMATION

Family Name: _____

Father's Name _____ Mother's Name _____

Address _____ City _____ Zip _____

2nd Address (if applicable): _____

Home Phone _____ Dad Cell: _____ Mom Cell: _____

Father's Place of Work _____ Work Phone # _____

Mother's Place of Work _____ Work Phone # _____

Do you have access to the internet? _____ Yes _____ No

E-Mail Address (Primary) _____

E-Mail Address (Secondary) _____

Lives with: Both Parents: _____ Father: _____ Mother: _____ Step Parents: _____ Guardian: _____

Religion: Catholic: _____ List Parish: _____ Non-Catholic: _____ List Religion: _____

REGISTRATION FEES ARE NON-REFUNDABLE

Registration Fees: \$ 150.00 / per student (Feb 1 – March 16)

After March 16, 2018, Registration Fee is \$ 200.00 / per student

Total Due: _____

Photo Release

St. Paul's Catholic School uses its website and various media tools to communicate with school families, prospective students, and the larger community. To enhance this experience we use photos and video to show student involvement in activities. It is required by St. Paul's Catholic School Policy that we obtain parental permission to use your child's photo for these purposes. Please initial one of the following: _____ I give permission to SPCS to use my child's name and photo. _____ I do NOT give permission to SPCS to use my child's name and photo. Yearbook only _____

Information Sharing

I would like our address and phone number listed in the Family School Directory. Yes _____ No _____

I would like our email address listed in the Family School Directory. Yes _____ No _____

Parent Signature _____ Date _____

STUDENT INFORMATION

Name: _____

Entering Grade _____ (am pm) Birthdate: _____

Previous School _____ Address _____

City _____ State _____ Zip _____ Phone _____

RECORDS REQUIRED AT TIME OF REGISTRATION:

Birth _____ Baptism _____ 1st Communion _____ Immunizations _____ Report Card _____

Name: _____

Entering Grade _____ (am pm) Birthdate: _____

Previous School _____ Address _____

City _____ State _____ Zip _____ Phone _____

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