

## Saint Paul Christian School

1700 Mendioka Street.

Dededo, GU. 96929

Ph. 671-637-9855

Fax: 671-637-2697



## Saint Paul Christian School - North

256 Chalan Pale Ramon Haya

Yigo, GU. 96929

Ph. 671-653-1311

Fax: 671-653-0106

# RETURNING STUDENT APPLICATION SCHOOL YEAR AUGUST 2011- MAY 2012

Registration Fee:	\$170.00
Capital Improvement Fund:	\$265.00
Book Rental Fees: <i>(depending on your child's Grade Level)</i> is as follows:	
K3 through K5	\$400.00
1 <sup>st</sup> through 5 <sup>th</sup> Grades	\$430.00
6 <sup>th</sup> through 8 <sup>th</sup> Grades	\$440.00
9 <sup>th</sup> through 12 <sup>th</sup> Grades	\$450.00

**NOTE: ALL ACADEMIC FEES ARE NON-REFUNDABLE AND DUE UPON REGISTRATION.**

Monthly Tuition: *(Based on a ten-month contract)*

    K3 through 8<sup>th</sup> Grade                     \$350.00

    9<sup>th</sup> through 12<sup>th</sup> Grade                 \$400.00

Additional Fee: \*\*\*

ESL English Classes for Non-English speaking students \$75.00 (Elementary/High School)

Senior Graduation Fee: \$150.00

### OTHER FEES:

**Returned Check Fee: \$50.00-** A Returned Check Fee will be charged for all checks returned for any reason.

**Late Payment Fee: \$50.00-** A Late Payment Fee per child will be assessed on any outstanding balance unpaid after 10 days. **Tuition must be paid on the 1<sup>st</sup> of every month.** Parents are afforded a ten-day grace period to pay off existing balances on their account before the late payment fee is charged.

**Early Withdrawal Fee:\$150.00-** An Early Withdrawal Fee will be assessed if you choose to voluntarily withdraw your child after enrollment or before the school officially closes.

**After School Care: \$160.00/month or 9.00/ day** –After School Care is available per child, per day from **3:30- 5:30 pm**. Thereafter, an additional charge of \$9.00 will be assessed for every 15 minutes your child is not picked up after 5:30pm.

Please complete all forms attached and submit to the school main office.

At the time the application is submitted, please be sure to attach the copies of immunization record, birth certificate, passport, report card, etc. **If the student is not a US citizen, then the proper visa and/or green card must be submitted. NO STUDENT WILL BE ACCEPTED WITHOUT THE REQUIRED DOCUMENT**

“Whatever you do, do it all for the glory of God.” 1 Corinthians 10:31

# REGISTRATION CHECKLIST

My child will be registering under (Please check one):

- St. Paul Christian School  
 St. Paul Christian School – North

<b>DATE:</b>	<b>SCHOOL YEAR:</b> 20__ - 20__
<b>STUDENT NAME:</b> <i>(Last, First, Middle Initial)</i>	<b>ENTERING GRADE:</b>

FORMS TO BE SUBMITTED:	Date Submitted:	Received By:
Registration Form		
Birth Certificate / SSN Card / Passport		
Report Card ( <i>Grades K-12</i> ) / Transcript ( <i>HS</i> )		
School Records / Transcript Request Form		
Student Medical Information Sheet		
Immunization Record ( <i>w/recent PPD shot</i> )		
General Physical / Student Medical Exam Form		
Sports Physical ( <i>MS/HS</i> )		
If applicable: Notarized Legal Guardianship Document or Notarized Power of Attorney		

Scheduled Interview with <b>PRINCIPAL:</b>	Date:	Time:
Scheduled Interview with <b>COUNSELOR:</b>	Date:	Time:

<i>Accounting Use Only:</i>	<i>Date Received:</i>	<i>OR#:</i>	<i>Received by:</i>
Application Fee ( <b>AF</b> )			
Registration Fee ( <b>RF</b> )			
Capital Improvement Fund ( <b>CIF</b> )			
Book Rental Fee ( <b>BF</b> )			
Financial Agreement & Account Ledger			

“Whatever you do, do it all for the glory of God.” 1 Corinthians 10:31

# REGISTRATION FORM

## STUDENT INFORMATION

Name (Last, First, Middle Initial): \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
 US Citizen?  Permanent Resident? If not, what type of visa do you hold? \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Ethnicity: \_\_\_\_\_ First Language: \_\_\_\_\_  
Grade Entering: \_\_\_\_\_ Previous School Attended: \_\_\_\_\_  
Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_

## FATHER'S INFORMATION Please check here if information same as last school year.

Name (Last, First, Middle Initial): \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Marital Status: \_\_\_\_\_ Home #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Employer: \_\_\_\_\_ Work Phone #: \_\_\_\_\_  
Employer Address: \_\_\_\_\_

## MOTHER'S INFORMATION Please check here if information same as last school year.

Name (Last, First, Middle Initial): \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Marital Status: \_\_\_\_\_ Home #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Employer: \_\_\_\_\_ Work Phone #: \_\_\_\_\_  
Employer Address: \_\_\_\_\_

## LEGAL GUARDIAN'S INFORMATION Please check here if information same as last school year.

Name (Last, First, Middle Initial): \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Marital Status: \_\_\_\_\_ Home #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Employer: \_\_\_\_\_ Work Phone #: \_\_\_\_\_  
Employer Address: \_\_\_\_\_

Student resides with:  Both Parents  One Parent: \_\_\_\_\_

Legal Guardian: \_\_\_\_\_

**Note: Please provide a Notarized Legal Guardianship Document or a Notarized Power of Attorney if student is not residing with natural parents.**

“Whatever you do, do it all for the glory of God.” 1 Corinthians 10:31

# REGISTRATION FORM

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

EMERGENCY CONTACT INFORMATION (other than parents):		
NAME	RELATION	DAYTIME PHONE #
1.		(H) (W) (C)
2.		(H) (W) (C)
3.		(H) (W) (C)

THOSE AUTHORIZED TO PICK UP YOUR CHILD FROM SCHOOL (other than parents):		
NAME	RELATION	DAYTIME PHONE #
1.		(H) (W) (C)
2.		(H) (W) (C)
3.		(H) (W) (C)

<b>Please give us information on the following:</b>
Church Affiliation (if any):
Name of Church:
How often do you attend?

PHOTO RELEASE/VIDEO RELEASE
<p>Throughout the year, SPCS catalogs events through pictures and videos. Often these mediums are used in school newsletters, the school newspaper, the local newspapers, school brochure, school websites, school DVDs/movie productions, school DVD presentation records, school DVD yearbooks. At times we have the local television stations that will be utilized to record and air our events. Please indicate whether or not SPCS has permission to use any pictures or videos of your child.</p> <p>_____ Yes, I give SPCS permission to use any pictures of my child in the above stated media.            _____ No, I do not want my child's picture to be used in the above stated media.</p>

*Children who attend Saint Paul Christian School, not knowing Jesus, will be shown the love of Christ in the daily school program. They will be encouraged to accept Jesus Christ as their Personal Savior.*

“Whatever you do, do it all for the glory of God.” 1 Corinthians 10:31

# REGISTRATION FORM

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## STATEMENT OF FAITH

### WE BELIEVE...

- The Bible is the inspired and only infallible and authoritative written Word of God (2 Tim. 3:15-17; 1 Thess. 2:13; 2 Peter 1:21).
- There is only one God, eternally existent in three persons: God the Father, God the Son, and God the Holy Ghost (Deut. 6:4; Isa. 43:10,11; Matt. 28:19; Luke 3:22)
- In the deity of the Lord Jesus Christ, in His virgin birth (Matt. 1:23; Luke 1:31,35), in His sinless life (Heb. 7:26, 1 Peter 2:22), in His miracles (Acts 2:22, 10:38), in His vicarious and atoning death (1 Cor. 15:3, 2 Cor. 5:21), in his bodily resurrection (Matt. 28:6; Luke 24:39; 1 Cor. 15:4), in His ascension to the right hand of the Father (Acts 1:9,11; 2:33; Phil. 2:9-11; Heb. 1:3), in His personal future return to this earth in power and glory to rule a thousand years.
- In the Blessed Hope – the rapture of the Church at Christ’s coming (1 Thess. 4:16-17; Rom. 8:23; Titus 2:13; 1 Cor. 15:51, 52).
- That the only means of being cleansed from sin is through repentance and faith in the precious blood of Christ (Luke 24:47; John 3:3; Rom. 10:13-15; Eph. 2:8; Titus 2:11).
- In the regeneration by the Holy Spirit is absolutely essential for personal salvation (Titus 3:5-7).
- In water baptism by immersion (Matt. 28:19; Mark 16:16; Acts 10:47, 48; Rom. 6:4).
- The redemptive work of Christ on the cross (1 Cor. 15:3; 2 Cor. 5:21) provides healing of the human body (Isa. 53:4, 5; Matt. 8:16, 17; James 5:14-16) in answer to believing prayer.
- In the Baptism of the Holy Spirit, according to Acts 2:4, is given to believers who ask for it (Luke 24:49; Acts 1:4,8; 1 Cor. 12:1-31).
- In the sanctifying power of the Holy Spirit by whose indwelling, the Christian is enabled to live a holy life (Rom. 6:1-11, 13; 8:1, 2, 13; Gal. 2:20; Phil. 2:12, 13; 1 Pet. 1:5).
- In the resurrection of both the saved and the lost, the one to everlasting life and the other to everlasting damnation (Matt. 25:46; Mark 9:43-48; Rev. 19:20; 20:11-15; 21:8).

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### **PERSON RESPONSIBLE FOR ACCOUNT AND OTHER EXPENSES:**

I have read and understand the rules and regulations as well as the financial obligations as set forth in the Student Handbook, and I agree to abide by them. I understand that Textbook, Enrollment, and Re-enrollment Fees are non-refundable. I also understand that should my child be withdrawn or dismissed from school for any reason, tuition for any portion of that month is due and non-refundable. As a parent/guardian, I agree to support the Administration of Saint Paul Christian School; however, should I feel I can no longer support the Administration; I will promptly withdraw my child.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT/GUARDIAN’S SIGNATURE

\_\_\_\_\_  
PRINT NAME

**IMPORTANT TAX INFORMATION: PARENTS NEED TO KEEP ALL RECEIPTS FOR TAX PURPOSES. UPON REQUEST, THE SCHOOL CAN PROVIDE PARENTS WITH A FULL STATEMENT FOR THE CALENDAR YEAR FOR A COST OF \$50.**

“Whatever you do, do it all for the glory of God.” *1 Corinthians 10:31*

# STUDENT MEDICAL INFORMATION

NAME: \_\_\_\_\_

GRADE: \_\_\_\_\_

## MEDICAL HISTORY:

Does your child have any **health problems**? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please specify: \_\_\_\_\_

Please indicate which of the following communicable diseases your child has had.

\_\_\_ Chicken Pox      \_\_\_ Diphtheria      \_\_\_ Measles      \_\_\_ German Measles      \_\_\_ Mumps

\_\_\_ Influenza      \_\_\_ Pneumonia      \_\_\_ Scarlet Fever      \_\_\_ Whooping Cough

Please indicate whether your child has any persistent problems with any of the following:

\_\_\_ Asthma      \_\_\_ Colds      \_\_\_ Coughs      \_\_\_ Headaches      \_\_\_ Stomach aches

\_\_\_ Hay fever      \_\_\_ Tonsillitis      \_\_\_ Nose Bleeds      \_\_\_ Epilepsy or Seizures

Others: \_\_\_\_\_

Does your child take any special medication for it? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please specify what medication: \_\_\_\_\_

Is your child up to date on his/her immunizations? \_\_\_\_\_ Yes \_\_\_\_\_ No

Has your child had any serious accidents that required him/her to be hospitalized? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please specify: \_\_\_\_\_

Has your child had any operations? \_\_\_\_\_ Yes \_\_\_\_\_ No      If yes, please specify: \_\_\_\_\_

Does your child wear glasses? \_\_\_\_\_ Yes \_\_\_\_\_ No      Date of last Eye Exam? \_\_\_\_\_

Does your child have regular dental check ups? \_\_\_\_\_ Yes \_\_\_\_\_ No

Date of last dental check up? \_\_\_\_\_

Does your child have any hearing problems? \_\_\_\_\_ Yes \_\_\_\_\_ No

Date of last Hearing Exam? \_\_\_\_\_

Does your child have any **allergies**? \_\_\_\_\_ Yes \_\_\_\_\_ No      If yes, please specify: \_\_\_\_\_

Does your child have any **allergies to medicine**? \_\_\_\_\_ Yes \_\_\_\_\_ No      If yes, please specify: \_\_\_\_\_

\_\_\_ Long term medications prescribed by medical doctor: \_\_\_\_\_

\_\_\_ Short term medications-OTC: (e.g. Antibiotics) \_\_\_\_\_

***\*\*Need current parental consent for the Nurse or designated personnel to dispense such medication.***

## **EMERGENCY INFORMATION:**

Please indicate a contact person (other than parent or guardian) who has agreed to care for and provide transportation for your child in case he/she becomes ill or injured and you can not be reached. If you have a family physician, please write the name in case medical assistance is necessary.

Alternate Emergency Contact Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Address: \_\_\_\_\_ Daytime Phone Number: \_\_\_\_\_

Family's Doctor Name: \_\_\_\_\_ Hospital Clinic: \_\_\_\_\_

Do you have medical insurance? \_\_\_\_\_ If yes, please specify: \_\_\_\_\_ Clinic Phone #: \_\_\_\_\_

**I hereby give my consent to the Administration at Saint Paul Christian School to obtain emergency medical treatment for my child. School authorities must attempt to contact me before relying on this authorization.**

Print Parent's Name & Signature: \_\_\_\_\_ Date: \_\_\_\_\_

TEL: Work: \_\_\_\_\_ Home: \_\_\_\_\_ Cell: \_\_\_\_\_

**I HEREBY CERTIFY THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.**

Print Parent's Name & Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## **SPORT PHYSICAL AND PARENT CONSENT FORM**

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

### ***THIS PORTION TO BE COMPLETED BY PARENTS:***

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

Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Male \_\_\_\_\_ Female

PARENTS: Father: \_\_\_\_\_ Mother: \_\_\_\_\_

Legal Guardian: \_\_\_\_\_

ADDRESS: Home: \_\_\_\_\_ Telephone: \_\_\_\_\_

Father's Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Mother's Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

### **MEDICAL HISTORY:**

1. Any Head Injuries? \_\_\_\_\_ Yes \_\_\_\_\_ No When: \_\_\_\_\_

2. Any Fractures? \_\_\_\_\_ Yes \_\_\_\_\_ No What: \_\_\_\_\_

3. Any Allergies? \_\_\_\_\_ Yes \_\_\_\_\_ No What: \_\_\_\_\_

4. Any Lung Disease? \_\_\_\_\_ Yes \_\_\_\_\_ No Type: \_\_\_\_\_

(i.e. Asthma, etc.)

5. Any Heart Disease? \_\_\_\_\_ Yes \_\_\_\_\_ No Type: \_\_\_\_\_

6. Previous Hospitalization \_\_\_\_\_ Yes \_\_\_\_\_ No Why: \_\_\_\_\_

When: \_\_\_\_\_

7. Currently taking any medication? \_\_\_\_\_ Yes \_\_\_\_\_ No

Name of Medication(s) \_\_\_\_\_

For What Reason: \_\_\_\_\_

8. Any medical reasons why this child should not participate in Athletics? \_\_\_\_\_

### **PARENTAL CONSENT:**

I, hereby give permission for the physician to examine my child so that he/she may obtain health clearance to participate in athletic activities. Therefore, neither the examining physician nor Saint Paul Christian School is to be held liable for any abnormalities not detected in this examination.

Permission is also granted for my child (*Name*) \_\_\_\_\_ to participate in the athletic activities approved by the doctor as initialed below for School Year: **2011-2012.**

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**(SEE BACK OF FORM)**

SPORT PHYSICAL AND PARENT CONSENT FORM (continued)

**THIS PORTION TO BE COMPLETED BY PHYSICIAN:**

PHYSICAL EXAMINATION: \_\_\_\_\_  
\_\_\_\_\_

Blood Pressure: \_\_\_\_\_ Temperature: \_\_\_\_\_ Pulse: \_\_\_\_\_ Respiration: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ #

VISION: Left \_\_\_\_\_ Right \_\_\_\_\_

**ATHLETIC CLEARANCE:**

I have examined the above named student and find him/her physically able to participate in the following activities initialed below:

**ALL ACTIVITIES BELOW:** [     ]

Basketball	_____	Cross Country	_____	Football	_____
Gymnastics	_____	Raquetball	_____	Rugby	_____
Soccer	_____	Softball	_____	Tennis	_____
Track & Field	_____	Volleyball	_____		
Cheerleading & POM POM Squad	_____				
Wrestling (Including minimum weight allowed to participate):	_____				

Excluding the following sports: \_\_\_\_\_

Non-Contact: \_\_\_\_\_

No Activities: \_\_\_\_\_

Further medical examination is indicated: \_\_\_\_\_

**PHYSICIAN'S SIGNATURE & "STAMP":**

\_\_\_\_\_  
DATE: \_\_\_\_\_