



SAINT PAUL CHRISTIAN SCHOOL

REGISTRATION PACKET

Mission Statement

Saint Paul Christian School, centered in Christ, develops scholars and champions for life.

School Motto

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

School Philosophy

Saint Paul Christian School offers a unique contribution to education based on a Christian world-view.

Expected School-wide Learning Results

World-view Christian Influencers

Academic Achievers

Resourceful

Responsible Citizens

Individuals who are Confident & Creative

Outstanding Communicators

Reflective &

Skilled Decision Makers

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ADMISSIONS PROCEDURE

Saint Paul Christian School offers a program for students who desire an education in a Christian environment and who are capable of achieving in a program dedicated to academic excellence. The admission procedure is accomplished through the following sequence.

STEP 1: Complete the application

Parents must furnish the following along with the application:

1. Please see Registration Check List.
2. If the student has been enrolled in a special education program, the principal will contact the student's previous school to ascertain past conduct, academic progress, and long-term potential. If there are indications of discipline problems, suspensions, or repeated absences, contact with the student's previous school will be made for clarification.
3. Should there be questions regarding students records from previous school, an interview with the administration may be necessary in order to complete the application process. If the student has been enrolled in a special education program, the principal will contact the student's previous school to ascertain past conduct, academic progress, and long-term potential. If there are indications of discipline problems, suspensions, or repeated absences, contact with the student's previous school will be made for clarification.

STEP 2: Notification of Acceptance

Parents will be notified via email of the acceptance of student.

STEP 3: Payment Process

Once the application has been completed and notification of acceptance has been received, payment should be made. The registration fee (NON-REFUNDABLE) is due when the completed admission forms are returned to the principal's office.

Saint Paul Christian School
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Fax: 671-637-2697



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256 Chalan Pale Ramon Haya
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STUDENT APPLICATION SCHOOL YEAR AUGUST 2011 - MAY 2012

Application Fee:	\$ 75.00
Registration Fee:	\$200.00
Capital Improvement Fund:	\$295.00
I-20 Fee:	\$ 75.00
Book Rental Fees: (depending on your child's grade level) is as follows:	
K3 - K5 grade	\$400.00
1 st - 5 th grade	\$430.00
6 th - 8 th grade	\$440.00
9 th - 12 th grade	\$450.00

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

Monthly Tuition Fees (based on a ten-month contract) is as follows:

K3- 8 th grade	\$350.00
9 th - 12 th 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 1st 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(ren) will be registering under (Please check one):

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

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

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 PRINCIPAL:	Date:	Time:
Scheduled Interview with COUNSELOR:	Date:	Time:

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

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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

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

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

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.

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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:

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

How did you hear about our school?

- Newspaper
 TV
 Radio
 Yellow Pages
 Web Page
 Church Service
 Friend
 Alumni
Another SPCS Parent or Student _____ (Their Name)

PHOTO RELEASE/VIDEO RELEASE
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.
_____ 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.

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.

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REGISTRATION FORM

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).

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

<p>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.</p>

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SCHOOL RECORDS/TRANSCRIPT REQUEST FORM

Student Name: _____ SSN: _____ Entering Grade: _____
Address: _____

Reason for Request: Transferring to St. Paul Other: _____

REQUEST FOR SCHOOL RECORDS

Name of Previous School: _____ Last Grade Attended: _____

Address of Previous School: _____

The above mentioned student has registered with Saint Paul Christian School. We are requesting the student's cumulative file and all pertinent documents be transmitted to the above address.

REQUEST FOR TRANSCRIPT

Please send an official transcript for the above-mentioned student to the institution named below.

Name of Institution: _____

Address of Institution: _____

NOTE: Allow three (3) working days for all records to be released.

I, _____, do hereby give permission to release all pertinent
(Print Name)
records or transcript for the above-mentioned student.

Signature: _____
(Parent or Guardian)

Date: _____

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: _____