



ST. LOUIS SCHOOL 2019-2020 REGISTRATION FORM

PARENT/GUARDIAN 1 (Please PRINT.)

Name: _____

Relationship to Student: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Numbers

Home: _____ Cell: _____ Work: _____

Email Address: _____

I give permission for this information to be used in the School Directory.

I am a SLS Alumni, Class of _____

PARENT/GUARDIAN 2 (Please PRINT.)

Name: _____

Relationship to Student: _____

Street Address: (if different) _____

City: _____ State: _____ Zip: _____

Phone Numbers

Home: _____ Cell: _____ Work: _____

Email Address: _____

I give permission for this information to be used in the School Directory.

I am a SLS Alumni, Class of _____

Public School District We Reside In: _____ Parish: _____ Catholic / Non Catholic: _____

K5 – GRADE 5						
STUDENT'S <i>LAST</i> NAME	STUDENT'S <i>FIRST</i> NAME	M/F	DATE OF BIRTH	RACE*	SEPT. '19 GRADE	PREVIOUS SCHOOL ATTENDED
			/ /			
			/ /			
			/ /			
			/ /			

THREE-YEAR-OLD PRESCHOOL							(Please circle your choice of days.)	
STUDENT'S <i>LAST</i> NAME	STUDENT'S <i>FIRST</i> NAME	M/F	DATE OF BIRTH	RACE*	8:45 am - 11:15 am	12:15 pm - 2:45 pm	8:45 am - 2:45 pm	
			/ /		M / T / W / Th / F	M / T / W / Th / F	M / T / W / Th / F	
			/ /		M / T / W / Th / F	M / T / W / Th / F	M / T / W / Th / F	

FOUR-YEAR-OLD PRESCHOOL							(Please circle your choice of days.)	
STUDENT'S <i>LAST</i> NAME	STUDENT'S <i>FIRST</i> NAME	M/F	DATE OF BIRTH	RACE*	8:45 am - 11:15 am	12:15 pm - 2:45 pm	8:45 am - 2:45 pm	
			/ /		M / T / W / Th / F	M / T / W / Th / F	M / T / W / Th / F	
			/ /		M / T / W / Th / F	M / T / W / Th / F	M / T / W / Th / F	

*Race: A - Asian, AF - African-American, C - Caucasian, H - Hispanic, AI - American-Indian, MR - Multi-Racial, PI - Pacific Islander, O - Other (specify)

Note: Race and religion is collected for required state reporting only. It holds no bearing on the admission of your child.

For Office Use Only

Date Received: _____ Registration Fee Check #: _____ FACTS Account No. _____ Parish Commitment Form Received: _____



ST. LOUIS SCHOOL

2019-2020 Financial Information Form

All information must be completed by the Financially Responsible Person (Parent/Legal Guardian)

Family Scheduled Tuition Amount

PRESCHOOL	K5 – GRADE 5
TOTAL AMOUNT: \$ _____	TOTAL AMOUNT: \$ _____

(Amount is subject to validation by the Finance Office and verification of receipt of a Family Parish Commitment Form.)

1. A \$150 Family Registration Fee must be submitted with this form.
Only a check or money order made out to St. Louis School will be accepted.
2. Registration fees are non-refundable.
3. A \$35 fee will be assessed for insufficient funds on returned checks.
4. All families who enroll students in St. Louis School will be required to set up and maintain an account with FACTS.
5. Families new to St. Louis School will receive information regarding FACTS via an email. It will include instructions on how to access the FACTS site, set up your account, and choose your preferred payment option.

PAYMENT PLAN OPTIONS

CIRCLE YOUR PREFERENCE

- | | |
|---|--|
| 1. Annual Payment | *Due August 15 th , 2019
*No annual fee charged |
| 2. Semi-Annual Payments | *Due August 15 th , 2019 and January 15 th , 2020
*No annual fee charged |
| 3. Ten Month EFT Payments | *Processed every month, starting August 2019 and ending May 2020.
*Due the 15 th or 20 th of each month.
*Annual fee of \$50 per family
*The annual fee will be charged to your FACTS account 10 days after the school finalizes your registration. |
| 4. Ten Monthly Invoiced Payments | *Invoice generated every month, starting August 2019 and ending May 2020.
*Invoice is delivered by email or UPS
*Annual fee of \$50 per family
*The annual fee will be charged to your FACTS account 10 days after the school finalizes your registration. |
| 5. Credit Card Payment | *Beginning August, 2019 and Ending May, 2020
*Service fee of 2.75% is applied per transaction, paid by the school.
*Visa, American Express, Discover, and MasterCard are accepted. |

Understanding and Agreement

1. A \$20 late fee will be assessed on late payments and EFT that are declined or checks returned by my financial institution.
2. I understand that delinquent accounts are referred to a collection agency when all other attempts to obtain payment have failed. In this event, I agree to pay all costs related to the collection and/or legal process.
3. If this is a re-registration, I understand that final validation for registration and grade placement for the next school year is dependent upon completion of all financial responsibilities for the current school year.
4. All families will be registered with FACTS.
5. Account information may be shared with the following person/people (PLEASE PRINT):

Full Name: _____ Relationship: _____

Full Name: _____ Relationship: _____

Signature of Financially Responsible Person: _____

Relationship to Student: _____ **Phone Number:** _____

Mailing Address: _____