



SAINT PAUL CHRISTIAN SCHOOL

REGISTRATION PACKET

Mission Statement

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

School Motto

Whatsoever 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

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. All fees (NON-REFUNDABLE) are due when the completed admission forms are returned to the principal's office.



SAINT PAUL CHRISTIAN SCHOOL

1700 Mendioka St. Dededo, Guam 96929 • Tel: (671)637-9855 Fax: (671)637-2697

STUDENT APPLICATION SCHOOL YEAR AUGUST 20__ – MAY 20__

Application Fee:	\$ 75.00
Registration Fee:	\$450.00
Capital Improvement Fund:	\$445.00

Curriculum Resources (depending on your child's grade level) is as follows:

K3 - K5 grade	\$550.00
1 st - 5 th grade	\$580.00
6 th - 8 th grade	\$590.00
9 th - 12 th grade	\$600.00

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	\$360.00
9 th - 12 th grade	\$425.00

Additional Fee: ***

ESL English Classes for Non-English speaking students \$100.00 (Elementary/High School)

Senior Graduation Fee: \$150.00

K5, 5th, and 8th Grade Promotional Fee: \$50.00

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.

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 permanent resident card must be submitted. NO STUDENT WILL BE ACCEPTED WITHOUT THE REQUIRED DOCUMENTS.**

REGISTRATION FORM

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

FORMS TO BE SUBMITTED:	Date Submitted:	Received By:	Comments:
Registration Form			
Birth Certificate / Passport			
Report Card <i>(Grades K-12)</i> / Transcript <i>(HS)</i>			
School Records / Transcript Request Form			
Student Medical Information Sheet			
Immunization Record <i>(with annual PPD)</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			

REGISTRATION FORM

SY 20__-20__

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.

Student Name: _____

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

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

Please give us information on the following:

Church Affiliation (if any): _____

Name of Church: _____

How often do you attend? _____

Please indicate if your child has received any special education services. Yes _____ No _____

If yes, please explain: _____

LIABILITY AGREEMENT

I agree that I am responsible for my child's transportation from school by 4:00pm. I acknowledge that Saint Paul Christian School and/or Saint Paul Assembly of God Church, its employees, Board Members, or agents, are not held responsible for my child's safety and wellbeing, should they be on campus, after 4:00pm.

Parent/Guardian Signature: _____ Print Name: _____

PHOTO RELEASE/VIDEO RELEASE

Throughout the year, Saint Paul Christian School catalogs events through pictures and videos. These pictures and videos are used in various printed and electronic mediums such as newspaper ads, brochures, websites, and DVDs. Please indicate whether or not SPCS has permission to use any pictures or videos of your child. Agreement would not be restricted to the above mentioned mediums.

_____ 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.

STATEMENT OF FAITH

- 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

IMPORTANT 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.



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SCHOOL RECORDS/TRANSCRIPT REQUEST FORM

Student Name: _____ DOB: _____ 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: _____

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: _____ SY 20__-20__

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: _____

ST. PAUL CHRISTIAN SCHOOL STUDENT MEDICAL EXAMINATION

Student's Full Name: _____

Date of EXAM: _____

Address: _____ Phone: _____ Race: _____ Sex: _____
 Birth date: _____ Age: _____
 Birth place: _____
 Father's name: _____ Mother's name: _____

SCHOOL YEAR: _____

A. -HISTORY OF IMMUNIZATIONS, DISEASES, OPERATIONS, INJURIES-

IMMUNIZATION OR DISEASE	DATE OF ILLNESS	DATE OF IMMUNIZATION	LAST BOOSTER	DATE		COMMENTS
				CHICKENPOX	SCARLET FEVER	
DIPHTHERIA						
PERTUSSIS (whooping cough)						
TETANIUS						
POLIO - ORAL						
POLIO - SALK						
MEASLES (Rubeola)						
SMALLPOX						
MUMPS						
GERMAN MEASLES (Rubella)						
OTHER()						

TUBERCULIN TEST (type) _____ DATE: _____ NEGATIVE: POSITIVE: X-RAY? _____

B. PHYSICAL EXAMINATION

HEIGHT: _____ WEIGHT: _____ BLOOD PRESSURE: _____

CHECK (✓) ONLY	IF ABNORMAL OR	NEEDS FOLLOW UP	PHYSICIAN'S COMMENTS, FINDINGS, TESTS (use back side if needed)	
NUTRITION				
NEUROLOGIC				
ORTHOPEDIC (incl. arches)				
SKIN, SCALP				
EYES	R	L		
VISUAL ACUITY	R	L	HAS GLASSES?	CONTACT LENSES?
COLOR VISION				
EARS	R	L		
AUDITORY ACUITY	R	L	HAS HEARING AID?	
SPEECH				
NOSE, THROAT				
MOUTH, TEETH				
GLANDS, THYROID				
HEART, LUNGS				
ABDOMEN				
GENITALIA				

C. LABORATORY (if needed) HEMOGLOBIN: _____ GM., HEMATOCRIT: _____ %, URINE: _____ FECES: _____

D. PHYSICIAN CHECK (✓) BOX: NO YES **PHYSICIAN'S COMMENTS** (use back side if needed)

	NO	YES	PHYSICIAN'S COMMENTS
EMOTIONAL/MENTAL/BEHAVIOR PROBLEM			
HEALTH HABITS PROBLEM			
PHYSICAL DISABILITY -- LIMITS ACTIVITY			
RESTRICTION NEEDED			
ENCOURAGE PARTICIPATION			
OTHER DISABILITY			
SEIZURES			
ON MEDICATION ()			
FOLLOW-UP RECOMMENDED			
FOLLOW-UP COMPLETED			

This student has completed the immunizations required by the Government: YES ___ NO ___ and in my opinion is free of any communicable disease and may be admitted to school YES ___ NO ___

Student's usual Physician: _____ Examining Physician: _____
 Telephone#: _____ Telephone#: _____ License #: _____

In my opinion, this student is ___ / is not ___ physically qualified to participate in athletics ___, driver education ___, other ___ as of (date) _____

Examining Physician: _____ Telephone#: _____ License #: _____

Physician and/or Clinic STAMP HERE

STUDENTS LAST NAME: _____

STUDENTS FIRST NAME: _____



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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: 20__-20__**.

Parent's Signature: _____ Date: _____

(SEE BACK OF FORM)

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

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: _____



FINANCIAL AGREEMENT SY 20__-20__

Ten (10) Month Installment Basis

Date: _____

Enrollment Fees: OR # _____

Application: _____ Capital Improvement: _____

Registration: _____ Book Rental: _____

For services received, (parent/guardian) Name: _____ promises to pay to the order of Saint Paul Christian School, Harmon, Guam, the amount of \$ _____ representing tuition fees for School Year commencing August 20__ and ending May 20__ for:

Name of Student _____	Grade _____
Name of Student _____	Grade _____
Name of Student _____	Grade _____
Name of Student _____	Grade _____

PAYMENT SCHEDULE: This note is payable in installment basis as scheduled below.

TUITION MUST BE PAID BY THE 1ST OF EACH MONTH.

Due Date:	Amount Due:	Due Date:	Amount Due:
Aug. 1	\$ _____	Jan. 1	\$ _____
Sep. 1	\$ _____	Feb. 1	\$ _____
Oct. 1	\$ _____	Mar. 1	\$ _____
Nov. 1	\$ _____	Apr. 1	\$ _____
Dec. 1	\$ _____	May 1	\$ _____

LATE PAYMENT / INVOLUNTARY WITHDRAWAL FROM SCHOOL:

If payment has not been made by the tenth (10th) of the month, it is considered delinquent and a service charge (late fee) of \$50.00 (per child) will be added to the past due account. _____

(Parent/Guardian Signature)

Should the Administration decide to remove your child from school within the year for any reason, tuition for that month, the following month, and all fees are due and **non-refundable**. Any account outstanding on the date of the removal must be settled before the student's cumulative record and grades can be released. Last tuition payment must be paid in cash only. Checks will not be accepted due to clearing of account for immediate release of records. _____

(Parent/Guardian Signature)

The School Administration reserves **the right to put a student with 30 days overdue account under administrative suspension** until the account is settled or a special payment scheme is agreed upon by both parties. The student is subject to dismissal if financial obligations remain unpaid after payment negotiation. In such cases, unpaid accounts will be referred to a collection agency. The "Payer" will pay all other fees incurred in collecting past due accounts.

(Parent/Guardian Signature)

VOLUNTARY WITHDRAWAL FROM SCHOOL:

Should you decide to withdraw your child from school for any reason within the year; a withdrawal fee of \$ 150.00 will be charged. Tuition for that month, and all fees are due and non-refundable. Any account outstanding on the date of withdrawal must be settled before the student's cumulative record and grades can be released. Should you decided to bring your child back after the official withdrawal date, re-application must be made with all the corresponding fees. Last tuition payment must be paid in cash only. Checks will not be accepted due to clearing of account for immediate release of records.

(Parent/Guardian Signature)

STUDENT RECORDS

There is a \$25.00 fee that must be paid before your child’s records can be released to their new school. We are only allowed to release an official transcript to another school. If you know which school your child will be attending, the new school can request the transcript from us. No records can be released unless the balance on account has been paid in full.

(Parent/Guardian Signature)

BOOKS

There is a \$75.00 fee for lost or damaged books. _____

(Parent/Guardian Signature)

RETURNED CHECKS

If a check is returned due to insufficient funds, a fee of fifty dollars (\$ 50.00) will be charged for administrative costs. Any family that has one returned check during the school year would be required to make all future payments in cash, cashier’s check. All checks must be dated with the correct date. Postdated checks will not be accepted. _____

(Parent/Guardian Signature)

NOTICE

All notices or communications regarding any changes to this note must be made in writing, either by mail or hand-delivered to the address indicated on enrollment form. Verbal communication such as calls will be used as reminders for follow-up on outstanding bills.

LEGAL / ATTORNEY’S FEES

If any legal action should arise to enforce or interpret the terms of this note, the Holder/Payee of this note shall be entitled to reasonable attorney’s fees, cost and any other necessary expenses incurred, all of which are to be collected from the Payer. In case of default by Payer, the Payee has the right to seek professional help (collection agency, legal attorney(s) or both) as deemed to collect any and all unpaid balances will be at the expense of the Payer.

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 \$ 50.00

By my signature, I signify that I have read and agree to the terms listed in the “Saint Paul Christian School Financial Agreement.”

Parent/Legal Guardian Name: _____ Date: _____

Signature: _____

Home no: _____ Work No: _____ Cell : _____

Recurring Credit Card Payment Authorization Form

Schedule your payment to be automatically deducted from your Visa OR MasterCard.



Please complete the information below:

I _____ authorize Saint Paul Christian School to charge my credit card
(full name)

indicated below for \$ _____ on the 1st of each month for payment of my
(day or date)
tuition and fees.

Billing Address _____

Phone# _____

City, State, Zip _____

Email _____

Credit Card

Student Name(s): _____
Grade Level: _____
Notes: _____ _____ _____

<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard
Cardholder Name _____	
Account Number _____	
Exp. Date _____	
CVC code _____	

SIGNATURE _____

DATE _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Saint Paul Christian School in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the business day prior to holiday. In the case of a transaction being rejected for Non Sufficient Funds (NSF) I understand that Saint Paul Christian School may at its discretion attempt to process the charge again within 30 days and may be subject to additional fee if its keeps occurring. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.

-----TURN IN FORM TO BUSINESS OFFICE ONCE COMPLETED. -----

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