



# **Application Information for 2026 – 2027**







# ST. PAUL SCHOOL

8251 St. Albans Rd., Richmond, BC V6Y 2L2 | Tel. 604-277-4487 | Fax. 604-277-1810  
Email: [office@stpaulschool.ca](mailto:office@stpaulschool.ca) | [www.stpaulschool.ca](http://www.stpaulschool.ca)

## APPLICATION INFORMATION

Thank you for considering St. Paul School for your child's education. Please read carefully all the information in this registration package before submitting your application. You are required to submit all supporting documents with your child's application including the *Application Checklist* during office hours **(9:30am to 3:30pm) STRICTLY ONLY on Wednesday, January 14<sup>th</sup> and Thursday, January 15<sup>th</sup>, 2026.**

**Priorities for Admittance into Elementary Schools** as defined by the Catholic Independent Schools of the Vancouver Archdiocese (CISVA) are as follows:

1. Children presently enrolled in the school if they and their families meet the expectations of the school.
2. Siblings of children already in the school, whose families are practicing Catholics active in the parish.
3. Children whose families are practicing Catholics active in the parish.
4. Siblings of children already in the school, whose families are practicing Catholics active in other parishes.
5. Children whose families are practicing Catholics coming into the parish, who have been attending Catholic school elsewhere.
6. Children whose families are practicing Catholics active in other parishes.
7. Children whose families are either not practicing Catholics or not active in their parishes.
8. Non-Catholic. Enrollment of more than 15% non-Catholics in any grade require the approval of the Board of Directors. Once accepted into the school, non-Catholics need to meet only the criteria expected of other students to be re-admitted in subsequent years. Siblings of non-Catholics cannot be given priority over Catholics.

## School Fees

Parish schools within the Archdiocese of Vancouver service the parish with which the school is affiliated. The school requires specific annual fees, and as such, the following shows the fee requirements for St. Paul School for the 2026-2027 school year.

## Tuition Fees

The table below summarizes the school's monthly tuition rates for the **2026-2027** school year.

<b>Family</b>	<b>Category 1</b>	<b>Category 2</b>	<b>Category 3</b>
One Child	\$445.00	\$521.00	\$621.00
Two Children	\$582.00	\$717.00	\$817.00
Three or More Children	\$676.00	\$835.00	\$935.00

Definitions:

**Category 1** – Catholic Family is an active and participating member of St. Paul Parish

**Category 2** – Catholic Family is a registered only member of St. Paul Parish

**Category 3** – Catholic Family is a member of another Catholic Parish or Family is non-Catholic

For the purposes of admission to the school, you belong to **Category 1** if your family:

- Is a registered and active parishioner at St. Paul Parish.
- Regularly attends Sunday Mass at St. Paul Parish.
- Supports St. Paul Parish on a regular basis by using the weekly parish issued envelopes or through the on-line giving platform.
- Actively participates in the projects and deeds of the parish.

#### Application Fee

A *non-refundable* application fee of **\$50.00** is charged for *every* submitted application.

#### Current Activity Fee

This fee of **\$90.00** per primary student (Kinder to Grade 3) or **\$100.00** per intermediate student (Grade 4 to Grade 7) is paid annually and covers consumable books, class activities/field trips and dress down day donations to specific charities the school takes part of such as Orange Shirt Day, Richmond Poppy Fund, Chalice sponsor child and Jeans Up Day (BC Children's Hospital Foundation) to name a few.

#### Participation Program

St. Paul School has a Parent Participation Program that allows us to keep some annual costs at a minimal level. All families are expected to participate in the various activities of the school including fundraising. In addition, our school has a scheduled Parent Participation Program where families take part in an activity on a set schedule, specifically Bingo.

*Each new family* is required to pay a deposit of **\$250.00** which is payable upon acceptance into the school. If the requirements of participation are not fully fulfilled, you will forfeit the deposit and be required to pay the full amount or the difference the following school year. If all participation requirements are met each year, this deposit is carried over to the next year and refunded when your family leaves the school.

#### Policy Regarding School Fees

In order to maintain the high quality of education at St. Paul School, it is necessary to maintain a healthy financial position as well as the participation and cooperation of the parents who have children registered in the school. The Education Committee strives to keep the tuition fees at as low a level as possible, but this can only be achieved if every family shares the burden.

It is the policy of the school that every family with a child/children registered in St. Paul School is obliged to support St. Paul Parish by using the Sunday Envelope System or by On-line Giving Program. There is no dollar amount specified, but a reasonable contribution, according to one's financial situation, is expected. The parish expectation is a weekly donation of one hour's wage. Families new to the parish are expected to contribute regularly, for at least one (1) year, before being eligible for Category 1 tuition fee schedule.

#### **KEY DATES**



<b>Submission of Application (9:30am to 12noon and 1:00pm to 3:30pm ONLY)</b>	Wednesday, January 14 <sup>th</sup> , 2026	Thursday, January 15 <sup>th</sup> , 2026
<b>Call for Interview</b>	The week of Monday, January 19 <sup>th</sup> , 2026	
<b>Parent Interview and Child's Play Session</b>	Tuesday, January 27 <sup>th</sup> , 2026	
<b>Results of Interview</b>	The week of Monday, February 2 <sup>nd</sup> , 2026	



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## APPLICATION CHECKLIST

Applicant's Full Name: \_\_\_\_\_  
(Last / First)

Please forward the following documents with your child's application including the Application Checklist during office hours **(9:30am to 3:30pm) STRICTLY ONLY on Wednesday, January 14<sup>th</sup>, 2026 & Thursday, January 15<sup>th</sup>, 2026.**  
(Closed for lunch from 12noon to 1pm.)

Upon receipt of all the requirements, your application will be processed, and you will be notified of the outcome by email or a phone call **the week of January 19<sup>th</sup>, 2026.**

- Application Form (FORM NO. 1-yellow)
- A most recent 2" X 2 "clear colored photo of your child.
- A most recent 4" X 3 "clear colored photo of the family.
- Original copy of your child's **Birth Certificate** (**School office will make a copy.**)
- Original copy of your child's **Baptismal Certificate** (**School office will make a copy.**)
- Original copy of your child's **Holy Communion Certificate**, if applicable. (**School office will make a copy.**)
- Original copy of parent's **Marriage Certificate** – Church Issued (**School office will make a copy.**)
- Student Profile / Medical Information Form (FORM NO. 2A/2B-salmon)
- Student Profile / Medical Information Form (FORM NO. 2C) only if applicable
- A copy of your child's most recent report card (if applying for kindergarten, please include preschool or daycare progress report; if applying for other grades, please include report card for the current and previous school year.)
- A copy of your child's **Most Recent Immunization Record**
- Admission to Canada & Residency Form A - (FORM NO. 5-white)
  - Section 1 : Parents or guardians must complete this section. Parents, or guardians are asked to bring their original Canadian Citizenship or birth certificate, Landed Immigrant (Form #IMM1000 or equivalent) or Permanent Resident documents. (**School office will make a copy.**)
  - Section 2 : Proof of Residency in British Columbia. A recent copy of a utility bill, mortgage document, rental agreement, or tax assessment **MUST** be attached.
- Parent Participation Form – (Purple)
- Pastor's Authorization (Ivory) (**Please submit completed form directly to the parish office.**)
- Non-refundable** application fee of \$50.00. Please issue cheque payable to **St. Paul School**.  
This fee applies to all **NEW** students.

## FOR OFFICIAL USE ONLY

Received By: \_\_\_\_\_

Application Fee (\$50.00)

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

Cash (Receipt No. \_\_\_\_\_)

Updated November 2025

Cheque \_\_\_\_\_

Cheque Dated: \_\_\_\_\_





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Application for Admission to Grade \_\_\_\_\_ September 2026

Please type or print clearly in ink.

## APPLICANT INFORMATION

Student's Legal Name:	(Last)	(First)	(Middle)	Male or Female (Circle One)
Usual First Name:				
Present Address:	/ BC		Home Telephone:	
	(City)	(Postal Code)	E-mail Address: (for ALL communications)	
Date of Birth:	(Month/Day/Year)	Place of Birth:	(City & Country)	Citizenship _____
Date of Baptism:	(Month/Day/Year)	Religion:		
Place of Baptism:	(Name of Church)	/	(Address of Church)	
Has your child received?	<input type="checkbox"/> Reconciliation Parish: _____	<input type="checkbox"/> Eucharist Parish: _____	<input type="checkbox"/> Confirmation Parish: _____	
School Last Attended:			Grade Completed:	
Address of School:	(Address)	/	(City)	/ BC (Postal Code)

## FAMILY INFORMATION

Father's: Name:	First	Last	Email Address:	
Marital Status :	<input type="checkbox"/> Married	<input type="checkbox"/> Single	<input type="checkbox"/> Others (specify) _____	
Address: (If different from student)				
Occupation:	Employer: _____			
Work Tel:	Cell No.: _____			
Religious Denomination:	Home Parish: _____			
Immigration Status:	<input type="checkbox"/> Canadian Citizen	<input type="checkbox"/> Landed Immigrant	<input type="checkbox"/> Work Permit	<input type="checkbox"/> Permanent Resident
	<input type="checkbox"/> Student Permit			

Mother's: Name:	First	Last	Email Address:	
Marital Status :	<input type="checkbox"/> Married	<input type="checkbox"/> Single	<input type="checkbox"/> Others (specify) _____	
Address: (If different from student)				
Occupation:	Employer: _____			
Work Tel:	Cell No. _____			
Religious Denomination:	Home Parish: _____			
Immigration Status:	<input type="checkbox"/> Canadian Citizen	<input type="checkbox"/> Landed Immigrant	<input type="checkbox"/> Work Permit	<input type="checkbox"/> Permanent Resident
	<input type="checkbox"/> Student Permit			

Primary Language spoken at home \_\_\_\_\_

Other Language/s spoken at home \_\_\_\_\_

1. _____	DOB _____ (Month/Day/Year)	4. _____	DOB _____ (Month/Day/Year)
2. _____	DOB _____ (Month/Day/Year)	5. _____	DOB _____ (Month/Day/Year)
3. _____	DOB _____ (Month/Day/Year)	6. _____	DOB _____ (Month/Day/Year)

Name of Parish to which you belong: \_\_\_\_\_

St. Paul Parish Envelope Number : \_\_\_\_\_ since \_\_\_\_\_

To qualify for Kindergarten in September 2026, a child must have been born in the year 2021 or earlier.

**We/I certify that all information stated in this application is accurate and current.**

Father's Signature \_\_\_\_\_ Date \_\_\_\_\_

Mother's Signature \_\_\_\_\_ Date \_\_\_\_\_

Information on this Application Form is gathered and used to complete the registration process and thus provide your child with the best possible educational service.



# ST. PAUL SCHOOL

FORM NO. 2A

## STUDENT PROFILE/MEDICAL INFORMATION SCHOOL YEAR 2026-2027

STUDENT NAME: \_\_\_\_\_ GRADE \_\_\_\_\_ Care Card# \_\_\_\_\_  
(LAST) (FIRST)

\*In order to provide a safe and productive learning environment, it is imperative that all medical information affecting education be disclosed to the school at the time of application or re-application. Admission is contingent upon appropriate disclosure of relevant information and may be revoked if such information is withheld. Disclosure of information WILL NOT AFFECT your child's admission status, but rather allows St. Paul School to plan for the coming year.

List chronologically all previous schools attended, including Preschool, and Kindergarten. Please provide the complete mailing address of the last school attended. This will allow us to send for school records.

NAME OF SCHOOL	Address, City, Postal Code, Fax Number	Year	Grade

Previous academic achievement has been:

Superior    Above average    Average    Below Average

Has the student ever repeated a grade or been retained?    Yes    No

If yes, state at which grade level and explain reasons: \_\_\_\_\_

Has the student ever been suspended or expelled?    Yes    No

If yes, state at which grade level and explain reasons: \_\_\_\_\_

How many days of school did the student miss last year? \_\_\_\_\_ Explain: \_\_\_\_\_

Has the student ever received any learning assistance, special education instruction, counseling or been referred to a public health program or service?    Yes    No

If yes, please explain: \_\_\_\_\_

Has your child ever been assessed or experienced LEARNING/ EMOTIONAL/ INTELLECTUAL/ PHYSICAL/ SOCIAL DIFFICULTIES (reading difficulties, speaking difficulties, physical challenges, developmental delays, attention or social issues, aggression, etc.) Have reports or documents been written? (Please attach a copy).

Yes    No

Please specify \_\_\_\_\_

Describe your child's personality (shy, nervous, outgoing, strong-willed, cooperative, confident, social, etc.): \_\_\_\_\_



# ST. PAUL SCHOOL

FORM NO. 2B

## STUDENT PROFILE/MEDICAL INFORMATION SCHOOL YEAR 2026-2027

STUDENT NAME: \_\_\_\_\_ GRADE \_\_\_\_\_ Care Card# \_\_\_\_\_  
(LAST) (FIRST)

MEDICAL PROBLEMS OR KNOWN ALLERGIES (i.e. epilepsy, diabetes, food allergies, insect bite allergies, vision or hearing impairments, heart condition, etc.)  Yes  No

Please specify: \_\_\_\_\_

Does your child have any life-threatening allergies or illness?  Yes  No

Medical Condition: \_\_\_\_\_

Does your child have an auto-injector (EPI-PEN)?  Yes  No

Does your child wear a Medic Alert Bracelet?  Yes  No

Does your child use medication for asthma?  Yes  No

Other (please specify): \_\_\_\_\_

Does your child manage their condition independently (carry/administer their own medication)?  Yes  No

Please specify: \_\_\_\_\_

Kind of medication and dosage which must be stored at school: \_\_\_\_\_

Please specify (Note: Staff cannot administer medication unless a formal request form is completed. If your child has a medical condition that requires specific instructions, procedures or medications, you (and your physician) must fill out the appropriate paperwork which is available at the office.)

Emergency Instructions: \_\_\_\_\_

Include any other medical information/documentation for educational planning (speech, hearing, birth complications, heart, vision, development, etc.)  
\_\_\_\_\_

Has your child been referred to any specialists (allergist, eye doctor, hearing, pediatrician, etc.)?  
\_\_\_\_\_

Has your child ever had any medical testing?  Yes  No Dates of testing (if applicable): \_\_\_\_\_

Report provided to the school?  Yes  No

Diagnoses/Recommendations: \_\_\_\_\_

Do any agencies such as the Child Development Centre, health clinics, occupational therapists or speech pathologists have reports on your child? If so, please attach any copies you have.  
\_\_\_\_\_

Is there anything else you would like us to know about your child?  
\_\_\_\_\_

I understand that my signature indicates that all information documented is truthful and complete.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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FORM NO. 2C

**1. Has your child ever received EAL (English as an Additional Language)/ ELL (English Language Learner) assistance?**

No  
 Yes \*If yes, what grade and for how long?

**2. Has your child ever been recommended for, or received support/Inclusive Education (Special Education) services?**

No  
 Yes \*If yes, what type?

**3. Does your child have any accessibility needs or physical limitations that affect his/her learning or mobility?**

No  
 Yes \*If yes, please describe.

**4. Please indicate if any of the following professional assessments have been completed and attach copies of the reports:**

Autism Assessment  
 Psycho-Educational Assessment  
 Occupational Therapy Assessment  
 Speech Language Pathologist Assessment  
 Physiotherapist Assessment  
 Audiology Assessment  
 Other. Please describe: \_\_\_\_\_

**5. Please describe the support services your child receives in his/her current setting:**

SERVICES	YES (Start Date and Frequency)	NO
Education Assistant Support		
Occupational Therapy		
Physiotherapy		
Speech-Language Therapy		
Behaviour Consultant		
Teacher of the Deaf and Hard of Hearing		
Teacher of the Visually Impaired		
Other. _____		

**6. Please provide any additional information that could assist us in knowing your child.**

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\*\*\*By signing this form, I declare that I have read and understand the information contained within it, and the information I have provided is correct and accurate. In addition, I give the administration of St. Paul School permission to contact all former schools, daycares and/or preschools that my child has attended. I acknowledge that failure to fully disclose information may result in the cancellation or delay of my child's registration.

Parent/Guardian's Name (print) \_\_\_\_\_ Signature: \_\_\_\_\_

Parent/Guardian's Name (print) \_\_\_\_\_ Signature: \_\_\_\_\_

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



**(ADMISSION TO CANADA AND RESIDENCY) – FORM A**

To be completed and signed by a parent or legal (court-appointed) guardian.  
If legal guardian, attach a copy of court order appointing you as legal guardian.

**(Lawfully Admitted into Canada)**

1. I am (please  one):

- A Canadian citizen (please attach a copy of parent's birth certificate or citizenship paper/card).
- A Permanent Resident (please attach a copy of parent's landed immigrant status paper or Permanent Resident Card).
- Lawfully admitted to Canada under the Immigration and Refugee Protection Act (Canada) with one of the following documents (please mark the appropriate box below and attach a copy of the document):
  - Admission as a refugee or refugee claimant.
  - Valid student permit for two or more years (or issued for one year but anticipated to be renewed for one or more additional years).
  - Valid employment authorization (work permit) for two or more years (or issued for one year but anticipated to be renewed for one or more additional years).
  - A person carrying out official duties under the authority of the Visiting Forces Act or as an accredited diplomatic agent, pre-clearance officer, consular officer or official representative in Canada of a foreign government with a consular post in British Columbia.
  - Other - document description: (must be cleared with Citizenship and Immigration Canada):

**(Residency in British Columbia)**

2. I am a resident of British Columbia (please  one):

Yes: Residency Address: \_\_\_\_\_

*(Attached a recent copy of a utility bill, mortgage document, rental agreement or tax assessment, etc.)*

No: I am not a resident of British Columbia.

**Confirming signatures:**

3. Parent's/Legal Guardian's Name: \_\_\_\_\_

(Print Name and Sing)

Parent's/Legal Guardian's Signature: \_\_\_\_\_

(Print Name and Sing)

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

*For Office Use Only*

Proof of Residency: \_\_\_\_\_

Initial of Recipient

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

Legal Surname: \_\_\_\_\_

Name of Child/ren and Grade:

\_\_\_\_\_



# St. Paul School

## Parent Participation Form July 2026 - June 2027

(Please fill out all pertinent information requested.)



Father's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Father's Occupation: \_\_\_\_\_

Mother's Occupation: \_\_\_\_\_

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

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

Valid Email: \_\_\_\_\_

Valid Email: \_\_\_\_\_

Child's Name: \_\_\_\_\_

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

Fill out the boxes below, indicating the choices needed for that box.

**If no choices are made the PEC will make the final assignment according to the needs of the school.**

**BINGO PARTICIPATION** (Kindly indicate your choice of team/shift below.)

If no preference is given, the PEC and the Bingo Committee will put together the shift assignment where needed.)

The "2026-2027 Bingo Team Schedule" is attached for your reference.

**FIRST: Indicate your choice of team (MUST indicate 3 choices as 1, 2, 3)**

Team A: (2026) Oct 1, 8, 15, 22, 29 Dec 3, 10, 17 (2027) Apr 1, 8, 15, 22, 29

Team B: (2026) Sept 3, 10, 17, 24 Dec 17, 31 (2027) Jan 7, 14, 21, 28 Mar 4, 11, 18

Team C: (2026) Aug 6, 13, 20, 27 (2027) Feb 4, 11, 18, 25 Jun 3, 10, 17, 24

Team D: (2026) Jul 2, 9, 16, 23, 30 Nov 5, 12, 19, 26 (2027) May 6, 13, 20, 27

**SECOND: Indicate your choice of shift from any options below (MUST indicate 3 choices as 1, 2, 3)**

**WEEKLY 4 HOURS SHIFT (on Thursday up to 13 shifts in one Team)**

**TIME SLOTS OPTIONS:**

4:00PM – 8:00PM  4:30PM - 8:30PM

5:00PM - 9:00PM  5:45PM / 6PM – CLOSE

**WEEKLY 2 HOURS SHIFT (on Thursday for up to 26 shifts in Team A&C or Team B&D)**

**TIME SLOTS OPTIONS:**

1:00PM - 3:00PM

3:00PM - 5:00PM

**WEEKLY 1 HOUR SHIFT (every Thursday for all Teams)**

**TIME SLOTS OPTION:**

9:45PM – 10:45PM (Late Clean Up)

**NOTE: If both parents are sharing participation duties, the following criteria must be met:**

- both must be qualified and attend all training sessions
- both must sign the memorandum of agreement
- both must be listed below and sign individually

***Please make provisions for your children. You are not allowed to bring them during your shift.***

Name \_\_\_\_\_

Parent #1 (Please print)

Parent #2 (Please print)

SURNAME (Please Print)

SIGNATURE#1 \_\_\_\_\_ SIGNATURE#2 \_\_\_\_\_

We can be reached at: Day Time Phone Number: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

**PLEASE READ: VERY IMPORTANT**

***Bingo Participation is a priority. Exceptions may be made for positions requiring certain expertise that are critical to the operation of the school. In these cases, parents with children in intermediate grade(s) will be given priority over parents with children in primary grade(s).***

***The final assignment and decision on parent participation will be made by the PEC.***

***As we have had a shortage of parent volunteers in the previous years, if under extenuating circumstances you can not commit to fulfilling your participation assignment, a letter stating the reason for exemption must be written to the PEC. The letter should be attached to this form upon submission of re-registration. Members of the PEC will review and conduct an honest assessment based on the reason provided for non-participation. You will receive an email from the PEC once a decision has been reached.***

***Please keep in mind that the payment in lieu of Parent Participation is \$2500 for each school year.***

***This is payable upon acceptance to the school.***

# St. Paul School



## 2026-2027 BINGO TEAM WORK DATES

1	July 2, 2026	D	27	December 31, 2026	NO BINGO
2	July 9, 2026	D	28	January 7, 2027	B
3	July 16, 2026	D	29	January 14, 2027	B
4	July 23, 2026	D	30	January 21, 2027	B
5	July 30, 2026	D	31	January 28, 2027	B
6	August 6, 2026	C	32	February 4, 2027	C
7	August 13, 2026	C	33	February 11, 2027	C
8	August 20, 2026	C	34	February 18, 2027	C
9	August 27, 2026	C	35	February 25, 2027	C
10	September 3, 2026	B	36	March 4, 2027	B
11	September 10, 2026	B	37	March 11, 2027	B
12	September 17, 2026	B	38	March 18, 2027	B
13	September 24, 2026	B	39	March 25, 2027	NO BINGO
14	October 1, 2026	A	40	April 1, 2027	A
15	October 8, 2026	A	41	April 8, 2027	A
16	October 15, 2026	A	42	April 15, 2027	A
17	October 22, 2026	A	43	April 22, 2027	A
18	October 29, 2026	A	44	April 29, 2027	A
19	November 5, 2026	D	45	May 6, 2027	D
20	November 12, 2026	D	46	May 13, 2027	D
21	November 19, 2026	D	47	May 20, 2027	D
22	November 26, 2026	D	48	May 27, 2027	D
23	December 3, 2026	A	49	June 3, 2027	C
24	December 10, 2026	A	50	June 10, 2027	C
25	December 17, 2026	A&B	51	June 17, 2027	C
26	December 24, 2026	NO BINGO	52	June 24, 2027	C

### SHIFT SWITCHING PROCEDURE

updated: Nov 6, 2025

- 1 Find an individual who works the same position as you from another team.
- 2 Once the shift switch is confirmed, both parties must notify by email to [bingo@stpaulschool.ca](mailto:bingo@stpaulschool.ca) and also to your team and assistant manager about your switch one week prior to the event night.

Note: For participants/volunteers on new positions, shadow training will start the month prior to your team start date for a minimum of 2 weeks/shifts. Beginning of year starts in July. (Ex: Team D will train in June)



**ST. PAUL SCHOOL**  
**PASTOR AUTHORIZATION FORM**  
**2026-2027**



Please submit this form to the parish office during office hours and well ahead of the deadline. Once the pastor completes the form, the parish office will forward it to the school office.

**FAMILY INFORMATION**

**New Family**

**Returning Family**

**Family Name** \_\_\_\_\_ **Telephone** \_\_\_\_\_

**Address** \_\_\_\_\_

**Parish** \_\_\_\_\_  **Parish Envelope No.** \_\_\_\_\_

**Parish On-line Giving**

**List children's names:**

**Grade – September 2026**

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**NON-CATHOLIC FAMILIES:**

**We do not belong to a Catholic Parish.** \_\_\_\_\_

**Parent Name & Signature**

**PASTOR'S AUTHORIZATION**

**(For Office Use Only)**

**This section is to be signed by the pastor of St. Paul Parish.**

**A. Registered, supporting Parishioner** \_\_\_\_\_

**B. Registered, non-supporting Parishioner** \_\_\_\_\_

**C. Registered Parishioner in another parish** \_\_\_\_\_

**D. Catholic, Not Registered in a parish** \_\_\_\_\_

**E. Non-Catholic** \_\_\_\_\_

