



PLEASE
ATTACH
PHOTO

ST. PAUL'S EPISCOPAL SCHOOL

APPLICATION FOR ADMISSION

PRE-KINDERGARTEN - 8TH GRADE

Application for grade _____ for the school year _____ - _____ Date of application _____

Student's name _____
Last First Middle Preferred

Address _____
Street City State Zip

Home Phone _____ Date of Birth _____ Male ☐ Female ☐

Student's first language _____ Is student bilingual? Yes ☐ No ☐

Current School _____ phone _____ fax _____

Address _____
Street City State Zip

Has this applicant previously applied to St. Paul's? Yes ☐ No ☐ If yes, when? _____

How did you hear about and what prompted your application to St. Paul's?

A \$50 non-refundable application fee must accompany this application. Application is based on the applicant's previous school records, admission tests, school visits, and teacher recommendations. All teacher recommendations are kept strictly confidential. There may be a fee required for admission testing. Please complete the application and the Release of Student Record Form and email, fax, or mail to the school. Please call (504.488.1319) or email (sparks@stpauls-lakeview.org) if you have questions about St. Paul's or the admissions process. For information on financial assistance, please call the admission office at 504.488.1319.

FAMILY INFORMATION

PARENT 1 NAME

(Dr., Mr., Mrs., Ms., Rev.)	Last	First	Middle	Preferred
Home Phone	Cell Phone	Email		
Address				
Street		City	State	Zip
Occupation		Employer		
Title		Business Phone		
Address				
Street		City	State	Zip
High School	College	Major(s)		

PARENT 2 NAME

(Dr., Mr., Mrs., Ms., Rev.)	Last	First	Middle	Preferred
Home Phone	Cell Phone	Email		
Address				
Street		City	State	Zip
Occupation		Employer		
Title		Business Phone		
Address				
Street		City	State	Zip
High School	College	Major(s)		

If applicant does not live with both parents, please complete the following: (check all that apply) Parents are:

☐ Separated ☐ Divorced ☐ Single ☐ Mother Deceased ☐ Mother Remarried ☐ Father Deceased ☐ Father Remarried

Applicant lives with: _____

Custodial arrangement: _____

Step-Parents and/or Legal Guardian

(Dr., Mr., Mrs., Ms., Rev.)	Last	First	Middle
Home Phone	Cell Phone	Email	
Address			
Street		City	State Zip
Occupation		Employer	
Title		Business Phone	
Address			
Street		City	State Zip
High School	College	Major(s)	

PERSON RESPONSIBLE FOR SCHOOL-RELATED DECISIONS:

NAME

(Dr., Mr., Mrs., Ms., Rev.)

Last

First

Middle

RELATIONSHIP

Home Phone

Cell Phone

Email

Address

Street

City

State

Zip

SIBLINGS:

Name

Birth Date

Grade

School

APPLYING TO ANY OTHER SCHOOL(S)? If yes, please list.

PREVIOUS SCHOOLS ATTENDED:

School

Grades

Dates

PLEASE LIST CURRENT STUDENTS AND ST. PAUL'S ALUMNI WHO ARE RELATED TO THE APPLICANT

Name

Relationship

Grade/Year Graduated

Is the family a member of St. Paul's Episcopal Church? Yes ☐ No ☐

Would you like an information packet from St. Paul's Episcopal Church? Yes ☐ No ☐

ADDITIONAL INFORMATION:

Has your child skipped or repeated a grade? Yes ☐ No ☐ If yes, please explain.

Has your child's present school recommended a change of school? Yes ☐ No ☐ If yes, please explain.

Please describe your child's general health:

Is there any mental, physical, psychological condition, or any diagnosed learning issues that the school should be aware of to best assist the student? _____

Please indicate any issue (family move, birth, illness, death, divorce, etc.) that may affect your child's school performance. _____

What are your child's responsibilities at home? _____

Describe the applicant's social relationships with:

Peers _____

Siblings _____

Adults _____

What are some of the values you feel are important for your child to learn and what values are important to your family? _____

Please share any additional information or comments regarding your child's interest, hobbies, habits, talents, achievements:. (Attach an additional sheet if necessary) _____

The information contained in this application and all supporting material are correct to the best of my knowledge.

Signature of parent or legal guardian _____

Date _____

OUR MISSION STATEMENT

St. Paul's Episcopal School is dedicated to instilling in our children strength of intellect and strength of character in a Christian environment that is positive, respectful, and familial. We encourage our students to strive to do their best, to be compassionate, and to appreciate and preserve the beauty of life.

OUR DIVERSITY STATEMENT

St. Paul's Episcopal School, in support of its mission, is committed to the cultivation of a diverse community, honoring the unique differences of all. We embrace and celebrate diversity as essential to learning and making positive contributions to the world.

OUR SUSTAINABILITY STATEMENT

St. Paul's Episcopal School commits to embrace a global understanding of the social, economic, and environmental impact of the use of our resources as they relate to the sustainability of water, food, environment, energy, and the reduction of waste.

OUR NON-DISCRIMINATORY POLICY

St. Paul's Episcopal School admits students of any race, religion, national and ethnic origin, sex, sexual orientation, gender identity, or disability to all the rights, privileges, programs, and activities generally made available to students at our school.

St. Paul's does not discriminate on the basis of race, religion, national and ethnic origin, sex, sexual orientation, gender identity, or disability in violation of state or federal law or regulation in administration of its educational policies, admission policies, scholarship and loan programs, athletic and other school-administered programs.

St. Paul's does not discriminate against any person in employment, or otherwise because of race, religion, national and ethnic origin, sex, sexual orientation, gender identity, or disability in violation of existing state or federal law or regulations.

TO BE COMPLETED BY STUDENTS APPLYING FOR FOURTH THROUGH EIGHTH GRADES:

The student should write by hand this section of the application.

Please list the academic subjects you are studying this year. _____

What are your favorite academic subjects? Why do you enjoy these subjects? _____

What are your hobbies, interests, etc.? _____

Please list any special academic and/or extracurricular awards or honors you have received. _____

Please tell us a little more about yourself.

Applicant's Signature _____ Date _____

St. Paul's Episcopal School

6249 Canal Boulevard New Orleans, LA 70124

504.488.1319 (Fax) 504.304.8315

Independent Schools Association of the Southwest
New Orleans Area



PERMISSION FOR RELEASE OF STUDENT RECORDS

Name of Applicant

Grade for which applying

TO THE PARENTS: Please return this signed form to St. Paul's with your child's application.

This form will give the current school permission to send confidential recommendation forms and supporting materials (grades, standardized testing, etc.) directly to St. Paul's Episcopal School. A parent may not "hand carry" the school records and confidential recommendation forms. The confidential recommendation form will be used only for admission purposes and will not become part of the applicant's permanent school record. The Admission Committee cannot act upon a child's application until all information is received by the school.

The Directors of Admission of the Independent Schools Association of the Southwest (ISAS-NO) work together to make the admission process as simple as possible for parents and children and to help families find the best educational placement for each child. When families apply to more than one ISAS-NO school, those schools will share applicant lists, school records, teacher recommendations, and testing results. Your signature below indicates your acceptance of these policies.

I/We hereby authorize St. Paul's Episcopal School to contact schools and other sources to obtain information to support the applicant's application. I/We will not seek access to confidential recommendation and evaluation materials before or after an admission decision is made. I/We release every person and institution from any and all liability resulting from or pertaining to the furnishing of records, documents, and other information provided to the independent school(s) indicated below for that purpose. In order to complete the application process, I/we authorize the release of my child's academic records and psychological testing results. After acceptance has been offered, I/we authorize release of the full record when transfer to the independent school(s) below occurs.

Please list all ISAS-NO schools to which you have applied _____

My signature below indicates that I have read and agree with the policies noted above and authorize the release of the requested information both now and at the end of the school year.

Signature of both parents (or custodial parent)

Date

TO THE SCHOOL:

The Admission Office of St. Paul's Episcopal School would appreciate your cooperation in receiving the following information:

- Current and past report cards
- All standardized test scores
- Official transcripts
- Recommendation forms from current teacher – forms supplied by St. Paul's
- Any other information pertinent to the above named student

Thank you for your assistance. If you have questions or concerns, please call the Admissions Office at 504.488.1319