

**St Paul Catholic Church**

241 South Main Street  
North Canton, OH 44720  
Phone: (330) 499-2201  
Fax: (330) 499-8106

Family Name: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime weekday phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

**REGISTRATION  
2008-2009 school year**

**Return to the Parish Office by February 28, 2008. Thank You!**

- I wish to enroll my children in St. Paul School for the 2008-2009 school year.
- I do not wish to enroll my children for the 2008-2009 school year.

**Child(ren)'s name and grade for next school year:**

- 1. \_\_\_\_\_ Grade \_\_\_\_\_
- 2. \_\_\_\_\_ Grade \_\_\_\_\_
- 3. \_\_\_\_\_ Grade \_\_\_\_\_
- 4. \_\_\_\_\_ Grade \_\_\_\_\_
- 5. \_\_\_\_\_ Grade \_\_\_\_\_

A \$50 registration fee is required for EACH student. Registration fees will be deducted from your 2008-2009 tuition bill. *Fees are non-refundable if the student/family withdraws from St. Paul School to attend another local school.*

Registration Fees: Amount Paid: \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_

**TUITION INFORMATION:**

- One installment due August 15, 2008 (payable to St. Paul School)

**Two/Quarterly/Monthly payments utilizing the tuition management program:**

- We would like to enroll in the tuition management program. Please send an enrollment form.
- Subsidized by another Catholic Church. Church: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date