



# Holy Spirit Catholic School

3120 Parkwood Lane † Maryland Heights, MO 63043

Phone: 314-739-1934

Dear Families,

Thank you for choosing Holy Spirit Catholic School's early childhood program! We offer a preschool classroom for children who have turned 3 by July 31, 2022 and a pre-kindergarten classroom for children who have turned 4. Families may choose between all-day and half-day, and may select to attend 5 days or 3 days a week.

The preschool program focuses on weekly themes, including the introduction of colors, letters, and numbers, along with helping build their social interaction and enhancing their fine and gross motor skills.

The pre-kindergarten program builds upon those skills and prepares students for kindergarten. The curriculum includes math, reading, and religion lessons which are aligned with the kindergarten curriculum so that our students are prepared for the next year.

Please note that a physical examination with all immunizations up-to-date is required for all preschool and pre-k students, and that children in the program are required to be potty trained before the start of school.

We look forward to partnering with you as we help your child grow and develop a love of self, a love of others, and a love of God.

A handwritten signature in black ink that reads "Kathryn L. Koberlein". The signature is written in a cursive style.

Kathryn L. Koberlein  
Principal



# HOLY SPIRIT CATHOLIC SCHOOL

3120 Parkwood Lane † Maryland Heights, MO 63043

Phone: 314-739-1934

**2022-2023**

## EARLY CHILDHOOD, KINDERGARTEN THROUGH GRADE 8

Holy Spirit Parish's policy is that the parent(s) or responsible guardian(s) of student(s) enrolled in the parish early childhood program and elementary school shall make tuition/fee payments on behalf of the student(s) for whom they are responsible. Tuition & fees for the 2022-2023 school year are as follows:

Early Childhood Program					
Plan	Annual Rate	Semi Annual	Monthly (12)	Monthly (10)	Monthly (9)
5 Full Days Preschool & Pre-Kindergarten	\$5,062.00	\$2,531.00	\$441.84	\$506.20	\$562.45
3 Full Days Preschool & Pre-Kindergarten	\$4,108.00	\$2,054.00	\$342.34	\$410.80	\$456.45
5 Half Days Preschool & Pre-Kindergarten	\$3,341.00	\$1,670.00	\$278.42	\$334.10	\$371.23
3 Half Days Preschool ONLY	\$2,940.00	\$1,470.00	\$245.00	\$294.00	\$326.67

### **EARLY CHILDHOOD PROGRAM FEES:**

Pre-School & Pre-Kindergarten: Registration \$100 per child must accompany application  
All children attending the Early Childhood Programs must be potty trained.

Kindergarten thru Grade 8					
Plan	Tuition Rate	Annual 2% Discount	Semi Annual 1% Discount	Monthly (12)	Monthly (10)
1 Student	\$4,085.00	\$4,003.30	\$2,022.07	\$340.43	\$408.50
2 Students	\$6,817.00	\$6,675.66	\$3,374.41	\$568.09	\$681.70
3 + Students	\$8,426.00	\$8,257.48	\$4,170.87	\$702.17	\$842.60

### **KINDERGARTEN THROUGH GRADE 8 FEES:**

Registration Fee of \$100 per family must accompany application along with a completed Tuition Payment Option Form. Both are due Tuesday, March 1, 2022 to hold your family's spot. Open enrollment begins on Wednesday, March 2, 2022.

Book Fee of \$175 per child paid through FACTS. Book Fees are due by Friday, May 27, 2022. (Book Fees includes classroom fees, party fee and technology support)

**ALL families will pay tuition & fees through FACTS, a tuition payment and processing system.** There is a \$50 fee payable to FACTS for their services. Families may sign up on line at <https://online.factsmgt.com/signin/42TC7>. FACTS accepts payments ACH through checking/saving accounts or credit card.

### **Questions:**

Please contact Mrs. Katie Koberlein, Principal: [kkoberlein@holyspiritstl.org](mailto:kkoberlein@holyspiritstl.org) 314-739-1934





# Holy Spirit Catholic School

## 2022-2023 Fees / Tuition Payment Option Form

Parent/Guardian/s Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

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

Name(s) of Child(ren)	Phone Number
	Grade Attending in August 2022
Student's Name: _____	Grade: _____
Student's Name: _____	Grade: _____
Student's Name: _____	Grade: _____
Student's Name: _____	Grade: _____

**Please note that a registration fee of \$100 per program is due with this form.**

<u>Kindergarten – Grade 8</u>	<u>1 Student</u>	<u>2 Student</u>	<u>3 Children</u>	<u>4 Children</u>
<u>Tuition</u>	\$4,085	\$6,817	\$8,426	\$8,426
<u>Book Fee</u>	\$175	\$350	\$525	\$700
<u>Early Childhood Program</u> <u>Circle program attending → →</u>	<u>5 Full</u> <u>Days</u>	<u>3 Full</u> <u>Days</u>	<u>5 Half</u> <u>Days</u>	<u>3 Half</u> <u>Days</u>
Preschool (Circle which program)	\$5,062	\$4,108	\$3,341	\$2,940
Pre-Kindergarten (Circle which program)	\$5,062	\$4,108	\$3,341	

### Tuition Options (All Payment Plans are processed through FACTS):

- ☐ Option 1 – Annual Payment Plan: Annual payment qualifies for 2% discount if paid in full by September 1.
- ☐ Option 2 – Semi Annual Payment Plan: Semi Annual payments qualifies for a 1% discount if paid in full by January 1.
- ☐ Option 3 – Monthly Payment Plan: 12 monthly payments beginning in July 2022 and ending in June 2023. Payment plans for fewer months are available, but will result in higher payments amounts. Payment plans must be complete by April 30. There is a \$50 fee payable to FACTS for this service. Families may sign up on line at <https://online.factsmtg.com/signin/42TC7>.

This completed form must be returned to the School Office with your family's registration fee. Both are due Tuesday, March 1, 2022 to hold your family's spot. Open enrollment begins on Wednesday, March 2, 2022. If you have any questions, please contact the School Office at (314) 739-1934

**Responsible Party for Tuition Payments:** \_\_\_\_\_

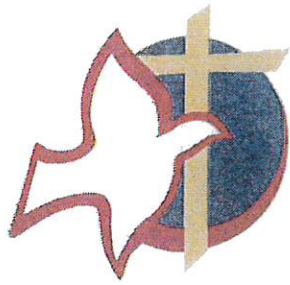
**Address:** \_\_\_\_\_  
Street City State ZIP

**Email:** \_\_\_\_\_  
Phone Number

**I agree to make tuition payments for the 2022-2023 school year according to the option chosen above.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**For Office Use Only:** Date Received: \_\_\_\_\_ Check #: \_\_\_\_\_ Cash: \_\_\_\_\_ Amount: \_\_\_\_\_



# Holy Spirit Catholic School

## New Student APPLICATION

2022-2023 School Year

### For Office Use Only

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

Received by: \_\_\_\_\_

Application Fee Paid: \_\_\_\_\_

Family Account #: \_\_\_\_\_

Tuition Assistance: Yes No

T&T AAS ACA Other

Received:

☐ Transcripts

☐ Birth Certificate

☐ Discipline Record

☐ Immunizations

☐ Baptismal Record, if Catholic

☐ Sibling Consideration

Name(s) of Sibling(s) Attending:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student's Name \_\_\_\_\_

Grade Applying To ☐ Pres ☐ PreK ☐ Kdg. ☐ 1<sup>st</sup> ☐ 2<sup>nd</sup>

Please check one: ☐ 3<sup>rd</sup> ☐ 4<sup>th</sup> ☐ 5<sup>th</sup> ☐ 6<sup>th</sup> ☐ 7<sup>th</sup> ☐ 8<sup>th</sup>

Please complete the entire form. Please print legibly.

If you have any questions regarding this form, please contact

Mrs. Katie Koberlein, Principal, or Mrs. Kate Ayres, Secretary, at (314) 739-1934

### STUDENT INFORMATION

Legal LAST Name	Legal FIRST Name	MIDDLE Name	Preferred FIRST Name
Home Address (Number, Street, Apt. #)			
City / State / ZIP		Home Phone ( )	
Date of Birth (Month/Day/Year) ____/____/____	Student's Social Security Number (Optional) ____-____-____	Gender (check one) <input type="checkbox"/> Male <input type="checkbox"/> Female	
Place of Birth (City, State and Country if not the US)		Primary Language Spoken at Home	
Student's Religion	Parish/Church where Family is registered:	Pastor	
Describe the family situation (check all that apply) <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Deceased (Father/Mother/Both) <input type="checkbox"/> Other: _____ <input type="checkbox"/> Father has custody* <input type="checkbox"/> Mother has custody* <input type="checkbox"/> Joint custody* <input type="checkbox"/> Guardian has custody* <i>*If applicable, please submit a copy of the court-mandated parenting plan with the application.</i>			
Student lives with (please check all that apply): <input type="checkbox"/> Both parents/guardians <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Other: _____			
Please check one box <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Amer. Indian/Native Alaskan <input type="checkbox"/> Native Hawaiian/Pac. Island <input type="checkbox"/> White <input type="checkbox"/> Multi-Racial Student Ethnicity: Please check one box <input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Hispanic/Latino			
Public School District in Which the Family Resides _____		Public School Student Would Attend in District _____	

SCHOOL BACKGROUND OF STUDENT (Include Preschool)					
Name of School	Address		Grade(s)	Reason for Leaving	

SIBLING INFORMATION			
Name	Birth Date	Grade in 2021-2022	School Attending <small>(Indicate if applying here)</small>

PARENT / GUARDIAN INFORMATION					
<input type="checkbox"/> Person responsible for tuition					
Prefix	FIRST Name	MIDDLE Name	LAST Name	MAIDEN Name	Preferred FIRST
Home Address (Number, Street, Apt.)				City / State / ZIP	
Home Phone		Cell Phone		Work Phone	Email
Employer and Position			Religion and Parish (or Church, if not Catholic)		

PARENT / GUARDIAN INFORMATION					
Prefix	FIRST Name	MIDDLE Name	LAST Name	MAIDEN Name	Preferred FIRST
Home Address (Number, Street, Apt.)				City / State / ZIP	
Home Phone		Cell Phone		Work Phone	Email
Employer and Position			Religion and Parish (or Church, if not Catholic)		

STEP-FATHER INFORMATION					
Prefix	FIRST Name	MIDDLE Name	LAST Name	Preferred FIRST	
Home Address (Number, Street, Apt.)				City / State / ZIP	
Home Phone		Cell Phone		Work Phone	Email
Employer and Position			Religion and Parish (or Church, if not Catholic)		

STEP-MOTHER INFORMATION					
Prefix	FIRST Name	MIDDLE Name	LAST Name	MAIDEN Name	Preferred FIRST
Home Address (Number, Street, Apt.)				City / State / ZIP	
Home Phone		Cell Phone		Work Phone	Email
Employer and Position			Religion and Parish (or Church, if not Catholic)		

GRANDPARENT INFORMATION	
Paternal Grandparent(s) Name(s)	



Home Address	City / State / ZIP
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Maternal Grandparent(s) Name(s)
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Home Address	City / State / ZIP
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**MEDICAL INFORMATION (MUST BE COMPLETED FOR ALL STUDENTS IN A FAMILY)**

Student's Physician	Phone (    )
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Student's Dentist	Phone (    )
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Hospital where student should be taken if parent or physician is unavailable
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Allergies and other Medical Conditions (check all that apply)

☐ Allergies: \_\_\_\_\_

☐ Food Allergies: \_\_\_\_\_

☐ Asthma   ☐ Diabetes   ☐ Epilepsy/Seizures   ☐ Heart Problems   ☐ Recurring Illness

☐ Other Medical Concern: \_\_\_\_\_

☐ Medications are to be taken at school (please complete Medication Authorization form)

**EMERGENCY CONTACTS (OTHER THAN PARENT/GUARDIAN - TWO ARE REQUIRED)**

*By listing a person as an Emergency Contact, they are also allowed to pick up the student from school.*

Name	Relationship to Student	Phone(s)
#1 (required)		(    )
#2 (required)		(    )
#3 (optional)		(    )

In case of accident or serious illness where I and the people designated above are unable to be reached, I hereby authorize the school to call the physician or dentist listed and to follow his/her instructions. If the physician or dentist is unable to be contacted, the school may make whatever arrangements are deemed necessary.

Parent/Guardian signature	Print name	Date
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**ADDITIONAL INFORMATION**

Has this student ever been evaluated for:

☐ Learning Disability   ☐ Behavioral Disorder   ☐ Speech Therapy   ☐ Physical Therapy

☐ Occupational Therapy   ☐ Language Disability   ☐ Counseling (individual)   ☐ Counseling (family)

Date of evaluation, if checked above: \_\_\_\_\_ Place: \_\_\_\_\_

Name of evaluator: \_\_\_\_\_

Diagnosis(es): \_\_\_\_\_

Does this student have an IEP? ☐ Yes   ☐ No      Date Implemented: \_\_\_\_\_

*If "yes," we will need a copy of the IEP for our records.*

**SACRAMENTAL INFORMATION (CATHOLIC STUDENTS) CERTIFICATES REQUIRED**

Sacrament	Date	Parish	Location
Baptism			
First Reconciliation			
First Communion			
Confirmation			

To the best of my/our knowledge, the above information is true and correct. (Parent(s)/guardian(s) are reminded that misrepresenting this information will hinder the school's ability to adequately care for the student.)

Parent/Guardian signature	Print name	Date
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Please indicate how you heard about Holy Spirit Catholic School:

Were you referred by a current Holy Spirit Catholic School family? If so, please list the family name:

\_\_\_\_\_

**Statement of Confidentiality:**

It is the policy of this school that all information received regarding an applicant's application will be treated with complete confidentiality. Only authorized school personnel have access to such information.

**Non Discrimination Policy:**

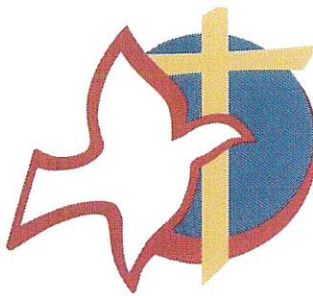
Holy Spirit Catholic School will admit students of any race, religion, color, or national and ethnic origin to all rights, privileges, programs, and activities generally accorded or made available to our school. This school will not discriminate on the basis of race, religion, color, or national and ethnic origin in admission policies, scholarships, athletic, and other school administered programs.

*Please submit this completed application along with the non-refundable fee of \$100 per family  
(Make check/money order payable to "Holy Spirit Catholic School")*

**Upon receipt and review of completed application materials,  
all applicants will be informed of their acceptance status.**

**Contact Us**

Mrs. Katie Koberlein, Principal  
3120 Parkwood Lane  
Maryland Heights, MO 63043  
Phone: 314-739-1934  
Fax: 314-739-7703  
[www.holyspiritstl.org](http://www.holyspiritstl.org)



**Holy Spirit Catholic School**  
"Where the Spirit Guides You!"

**Spirit Zone After-Care Program**  
**2022-2023**

**"Spirit Zone" for Early Childhood & Full Time School**  
**(Pre-School through Grade 8):**

- \$9.00 per child, per day
- Schedule: 3:00 PM – 6:00 PM and Noon to 6:00 PM on half days due to faculty meetings. NOTE: There will be a 15-minute grace period to allow for occasional delayed pick-ups.
- Half day/Noon dismissal; \$14.00 per child, per day. Lunch will be provided.
- Location: Holy Spirit School Gym

**Billing:** Hours are billed Monday – Friday; all billing and payments will be processed monthly through FACTS as an Incidental. Incidentals are billed and paid separately from tuition. An email notification will be sent when payment is due.



**HOLY SPIRIT CATHOLIC SCHOOL**  
**SPIRIT ZONE EXTENDED CARE PROGRAM**  
**REGISTRATION FORM**  
**2022 - 2023**

Family Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt# \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Father's Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother's Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Name or Contact (if parents can't be reached): \_\_\_\_\_

Emergency Phone Number of above Contact Person: \_\_\_\_\_

Name of Person (s) who authorized to pick up the children:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Number of children participating in the program \_\_\_\_\_

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Birthday: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Birthday: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Birthday: \_\_\_\_\_

**Please list allergies, DIETARY RESTRICTIONS OR OTHER HEALTH PROBLEMS YOUR CHILD/CHILDREN MAY HAVE:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please note what approximate days your child/children will attend:**

	PM	CHILD#1	CHILD#2	CHILD#3
MONDAY:	_____	_____	_____	_____
TUESDAY:	_____	_____	_____	_____
WEDNESDAY:	_____	_____	_____	_____
THURSDAY:	_____	_____	_____	_____
FRIDAY:	_____	_____	_____	_____

**\*\* PLEASE READ THE IMPORTANT FEE AND PAYMENT INFORMATION ON THE COVER PAGE OF THIS FORM, \*\***

**HOLY SPIRIT CATHOLIC SCHOOL**  
**GRADES Pre-K through 8**  
**2022-2023**  
**UNIFORM CODE FOR GIRLS**

Dress, appearance, neatness, and cleanliness correlate with students' general work habits, self-esteem, self-discipline, and attitude toward learning. Students will follow the uniform guidelines.

- JUMPER:**      **Grades Pre-K - 8 "Holy Spirit"** Plaid Jumper. NO MORE THAN 2" inch above knee.
- SKIRT:**      **Grades 5 – 8 "Holy Spirit"** Plaid Skirt. NO MORE THAN 2" inch above knee.
- SKORT:**      **Grades Pre-K–5 Grade** Navy Blue single front flap twill skort. NO MORE THAN 2" inch above knee.  
                    August and September (October left to the discretion of Principal)  
                    April through the end of the school year.
- SHORTS:**      **Grades Pre-K - 8** Navy Blue dress style uniform walking shorts. **No** cargo pockets.  
                    August - September (October left to the discretion of Principal)  
                    April through the end of the school year.
- PANTS:**      **Grades Pre-K - 8** Navy Blue dress style, twill or corduroy uniform pants. **No** cargo pockets.
- LEGGINGS:**      **Grades Pre-K – 8** Navy Blue leggings may be worn under jumper. Sweatpants and PJ pants are not permitted.
- BELTS:**      **Grades K – 8** Must be worn with shorts and pants. Any dark color.
- SHIRTS:**      **Grades Pre-K - 8:**
- Plain White, short or long sleeve knit polo or plain White round collar blouse
  - Plain White knit turtlenecks. No logos.
  - Red short or long sleeve knit polo with "Holy Spirit Logo" **MUST** be purchased through school
  - Plain White under garments No colored, prints, patterns or logos.
  - **MUST** be tucked in at all times.
- SWEATERS:**      **Grades Pre-K - 8** Plain Navy Blue cardigan, vest, or v-neck pullover.
- SWEATSHIRT:**      **Grades Pre-K - 8** Navy Blue or Red sweatshirt with "Holy Spirit" logo. Must be purchased through school

**NOTE:**      **Grade 8 students may wear his/her class t-shirt and/or sweatshirt year round.**

- SOCKS:**      **Grades Pre-K - 8:**
- **Plain** White, Navy or Black socks. Socks must be visible with **No** logos
  - **Plain** Navy Blue knee socks.
  - Navy Blue tights.
- SHOES:**      **Grades Pre-K - 8:**
- Tennis shoes that reveal the ankle bone, **No** High Top, **No** light- up
  - **No** boots or heels. Dress shoes may be worn.
  - All shoes must have crepe soles or soft rubber soles
  - Heel of the shoe **MUST** be enclosed. (No heelys)
- HAIR:**      **Pre-K – Grade 8:**
- Hair is to be styled away from face.
  - Bang's length top of eyebrow or a clip must be in at all times.
  - Radical hair styles/cuts or hair coloring (**tinting/streaking/frosting**) is **PROHIBITED**.
  - All hair color **must remain** the child's **natural color**. As determined by the principal.

**HOLY SPIRIT CATHOLIC SCHOOL**  
**GRADES Pre-K through 8**  
**2022-2023**  
**UNIFORM CODE FOR BOYS**

Dress, appearance, neatness, and cleanliness correlate with students' general work habits, self-esteem, self-discipline, and attitude toward learning. Students will follow the uniform guidelines.

**PANTS:**       **Grades Pre-K – 8** Navy Blue dress style, twill or corduroy uniform pants. **No** cargo pockets.

**SHORTS:**       **Grades Pre-K – 8** Navy Blue dress style uniform walking shorts. **No** cargo pockets. August and September (October left to the discretion of Principal) April through the end of the school year.

**BELTS:**       **Grades K – 8** Must be worn at all times. Any solid dark color.

**SHIRTS:**       **Grades Pre-K – 8:**

- Plain White short or long sleeve knit polo shirts. **No** logos.
- Plain White knit turtlenecks. **No** logos.
- Red knit long or short sleeve knit polo with "Holy Spirit Logo" must be purchased through school.
- Plain White Undershirts **No** logos.
- Must be tucked in at all times.

**SWEATER:**     **Grades Pre-K – 8** Plain Navy Blue cardigan, vest, or V-neck pullover.

**SWEATSHIRT:** **Grades Pre-K – 8** Navy Blue or Red sweatshirt with "**Holy Spirit**" logo. MUST be purchased through school.

**NOTE:**       **Grade 8 students may wear his/her class t-shirt and/or sweatshirt year round.**

**SOCKS:**       **Grades Pre-K – 8** Plain White, Navy or Black socks. Socks must be visible with **No** logos

**SHOES:**       **Grades Pre-K – 8**

- Tennis shoes that reveal the ankle bone, **No** high top, **No** light- up
- **No** boots or heels. Dress shoes may be worn.
- All shoes must have crepe soles or soft rubber soles
- Heel of the shoe must be enclosed. (**No** heeels)

**HAIR:**       **Grades Pre-K – 8**

- May not touch the shirt collar.
- Side length may not touch top of ears.
- Front length may not touch the top of eyebrow.
- Radical hair styles/cuts or hair coloring (**tinting/streaking/frosting**) is prohibited.
- All hair color must remain the child's **natural color**.
- No lines maybe cut into hair.
- As determined by the principal

**NAILS & MAKE-UP:** **Grades Pre-K – 8** **No** nail polish and/or make-up

**JEWELRY:**     **Grades Pre-K – 8** Watch and one religious medal may be worn. No earrings.

**PHYSICAL EDUCATION:** **GRADES 5 - 8 ONLY**

- Navy Blue "**Holy Spirit**" logo knit shorts (Grades 5-8)." Must be purchased through school.

**PHYSICAL EDUCATION:** **GRADES 5 - 8 ONLY**

- Plain White T-shirt or "**Holy Spirit**" logo PE T-shirt purchased through the school with "**Holy Spirit**" logo (Grades 5-8)."

**NOTE:** Holy Spirit sport team hoodies and sweatshirts are not considered uniform attire.





# Uniform Fitting

*Held at Fischer's School Uniforms for*  
**Holy Spirit School**



**Receive 10% off your in-store and online orders\***

\*Discount is applied when your order is paid in full on the days of your fitting.

**\*Discount applied to online orders Sunday, April 24 – Saturday, April 30**

\*Discount excludes clearance items and layaways.

**Date: Tuesday, April 26 through Saturday, April 30, 2022**

**Hours: Tuesday & Thursday: 10:00am-6:00pm**

**Wednesday: 10:00am-5:00pm**

**Friday & Saturday: 10:00am-3:00pm**

**Sunday & Monday: CLOSED**

**Location: Fischer's Uniforms in Florissant**

69 Florissant Oaks, Florissant, MO 63031

314-921-9972

[www.fischersuniforms.com](http://www.fischersuniforms.com)

**Fischer's School Uniforms has everyone's safety in mind.**

**We are requiring that customers wear masks when inside our retail store.**

**Your co-operation is truly appreciated.**

Ordering at your Uniform Fitting is the best opportunity to guarantee your child will be in uniform the first day of school. We know your student may grow between your Uniform Fitting Day and the start of school. This is reason we fit uniforms with growth in mind. If you find a size exchange is necessary, keep your receipt, and we will exchange clothing which has not been laundered, worn, or altered in any way.

**For pricing visit**

**[www.fischersuniforms.com](http://www.fischersuniforms.com) or call**

**314-921-9972**

## REGISTER TO WIN A \$50.00 GIFT CERTIFICATE FOR FISCHER'S!

*(To be used toward a future purchase)*

Turn in this form on the day of your school's fitting for a chance to win. Three winners will be drawn in July 2022 and the winners will be contacted via phone and/or email. Good Luck!

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

Phone: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

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

School: Holy Spirit School

*We look forward to seeing you at your school fitting!*



**Holy Spirit Catholic School**  
"Where the Spirit Guides You!"

3120 Parkwood Lane

Maryland Heights, MO 63043

Phone: 314-739-1934 Fax: 314-739-7703

**Please Attach Immunization Records  
To this form**

**Dates MUST be listed as Month-Day-Year**

Effective beginning the 2010-2011 school year the following **NEW** requirements will be implemented:

- Second dose of varicella (chickenpox vaccine for all children entering kindergarten. If the kindergarten child has had chickenpox disease, a licensed doctor of medicine will need to sign on the immunization form that the child has had chickenpox. The month-day-year must be noted.
- Tdap (Tetanus, diphtheria, and pertussis) vaccine will be required for all incoming eighth grade students if the child has completed the recommended childhood DTaP/DTP vaccination series and has not received a Td booster within the past two years.

Effective **July 1, 2010** the following **NEW** requirements will be implemented for ALL Pre-School children:

- Age appropriate pneumococcal conjugate vaccine (PCV) for **ALL** children attending Pre-School.
- For all Pre-School children who have had chickenpox disease, a licensed doctor of medicine will need to sign on the immunization form that the child has had chickenpox. The month-day-year must be noted.

Student' Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Sex: \_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Physician's Phone #: \_\_\_\_\_

To the Parent/Legal Guardian:

In accordance with the recommendations of the St. Louis Archdiocese Health Advisory Committee, all children are expected to have a complete physical examination upon entrance to Pre-School, Pre-Kindergarten, Kindergarten, Third Grade, and Sixth Grade. And all newly enrolled Students who have not had a physical examination within the past twelve months.

This form is provided for the convenience of your child's physician. At the time of the examination, please have your physician complete and sign this form. It is expected that each student have this form on file at school by the first day of school.

**Medical History: (To be completed by parent)**

**Eyes:** Glasses \_\_\_\_\_ Reading \_\_\_\_\_ Distance \_\_\_\_\_ Contacts \_\_\_\_\_

Other: \_\_\_\_\_

**Ears:** Frequent Infections: YES \_\_\_\_\_ NO \_\_\_\_\_ Tubes: YES \_\_\_\_\_ NO \_\_\_\_\_

**Hearing difficulty:** YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, please explain \_\_\_\_\_

**Hearing Aid:** Right Ear \_\_\_\_\_ Left Ear \_\_\_\_\_ Wear at school? YES \_\_\_\_\_ NO \_\_\_\_\_

**Allergies:** Please list \_\_\_\_\_

**Asthma:** YES \_\_\_\_\_ NO \_\_\_\_\_ Diagnosed by physician \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month Day Year

Asthma medication please list; \_\_\_\_\_

Seizures: YES \_\_\_\_\_ NO \_\_\_\_\_ Date of last seizure: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month Day Year

Please list medication for seizures: \_\_\_\_\_

Please list any other health concerns: \_\_\_\_\_

Please list any medication that your child is taking: \_\_\_\_\_

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

Dentist's phone number: \_\_\_\_\_

Form completed by (please print): \_\_\_\_\_

**Physical Examination: (To be completed by Physician)**

**Growth Measurements:**

Height \_\_\_\_\_ Weight \_\_\_\_\_

**Physiologic Measurements:**

Temperature: \_\_\_\_\_ Pulse: \_\_\_\_\_ Respiration: \_\_\_\_\_

Blood Pressure: \_\_\_\_\_

**General Appearance:** \_\_\_\_\_

Skin: \_\_\_\_\_

Head: \_\_\_\_\_

Neck: \_\_\_\_\_

Eyes: \_\_\_\_\_

**Vision Test:** Both Eyes \_\_\_\_\_

Right Eye \_\_\_\_\_

Left Eye \_\_\_\_\_

**Hearing Test:** Pass \_\_\_\_\_ Fail \_\_\_\_\_

**Nose/Mouth/Throat:** \_\_\_\_\_

**Chest:** \_\_\_\_\_

**Abdomen:** \_\_\_\_\_

**Back & Extremities:** \_\_\_\_\_

**Neurological Examination:** \_\_\_\_\_

**Chronic conditions & treatments:** \_\_\_\_\_

**Should physical activity be restricted?** YES \_\_\_\_\_ NO \_\_\_\_\_

**Other restrictions:** \_\_\_\_\_

**Physician's Signature:** \_\_\_\_\_

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