

THE
SOULARD * SCHOOL

2019-20 Application for Early Childhood Placement

Today's Date: _____

Child's Full Name _____

Date of Birth _____ Age as of Aug. 1, 2019 _____

Child's Primary Address _____

City, State, Zip _____ Phone Number _____

Age Group Applying For ___ Infants ___ 1s ___ 2s ___ Pre-K (3-5 yrs) For School Year _____

Current School _____

Gender Boy Girl Ethnic/Racial Information (optional) _____

We are submitting multiple applications. Please see _____ (sibling names).

How did you hear about The Soulard School? Please include individual names so we can thank them!

SCHEDULE

Requested Schedule: ___ 3 days/wk ___ 4 days/wk ___ 5 days/wk

Days Requested: ___ Mon ___ Tues ___ Wed ___ Thurs ___ Fri ___ Flexible

Beforecare Requested (Pre-K only): ___ Mon ___ Tues ___ Wed ___ Thurs ___ Fri

Aftercare Requested: ___ Mon ___ Tues ___ Wed ___ Thurs ___ Fri

PARENTS/GUARDIANS

Child resides primarily with: _____
(Please include information about custody splits or if child is adopted/in foster care, etc.)

Parent #1's Name _____

Address _____ City, State, Zip _____

Email _____ Phone _____

Occupation _____ Name of Employer _____

Parent #2's Name _____

Address _____ City, State, Zip _____

Email _____ Phone _____

Occupation _____ Name of Employer _____

Step-parent/Guardian's Name _____

Address _____ City, State, Zip _____

Email _____ Phone _____

Occupation _____ Name of Employer _____

Step-parent/Guardian's Name _____

Address _____ City, State, Zip _____

Email _____ Phone _____

Occupation _____ Name of Employer _____

SIBLINGS

Names and dates of birth of applicant's siblings residing in the home:

CHILD

Please briefly describe your child: _____

Why do you want to send your child to The Soulard School? _____

List any medications prescribed to your child: _____

List any allergies your child has: _____

If your child has been seen by medical specialists other than your family doctor/pediatrician, list below:

Describe any special education evaluations, diagnoses, or services your child has received: _____

If English is not your child’s primary language, please list other language(s): _____

The Soulard School adheres to the belief that a school community that includes and respects people of different talents, interests, abilities, races, cultures, income-levels, lifestyles, and religions can surpass the potential of any homogeneous group in helping children develop respect for their own talents and differences while they learn to value others. Soulard School admits students of any race, religion, color and national or ethnic origin. Please let us know of the need for any special accommodations your child might require.

SLIDING SCALE TUITION INFORMATION (Pre-K only)

Our sliding scale tuition enables all Soulard School families to educate their children as equal members of an economically, racially and culturally diverse community. The Family Financial Commitment Plan (FFCP) is a tool for families to determine tuition, designed to meet a fixed portion of the school’s annual budget through contract fees and planned voluntary contributions. Families wishing to utilize the FFCP can expect to pay on average 10% of their household income toward tuition.

2019-20 Cost Per Student: Pre-K \$9500

* See Tuition & Scheduling Table on our website for information on Nursery and Before/Aftercare pricing.

Please select one of the following:

- We/I choose NOT to complete the financial worksheet and will pay the full cost per student.
- We/I have included the FFCP financial worksheet.
- We/I will be submitting the FFCP financial worksheet by February 16, 2019.

All supporting documentation related to the FFCP, including 2018 tax returns due by April 16, 2019.

By submitting this application to The Soulard School, I understand that tuition does not cover the entire cost of educating students. I understand that the entire parent body shares in the responsibility to raise additional funds and understand the obligation to contribute to the Annual Fund and the Auction/Soiree to the fullest extent I am able.

Signature

Date

Signature

Date

A non-refundable application fee of \$50 per family must accompany this form.

The Soulard School
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For Administrative Purposes only:	
Date Received:	_____
OH/T:	_____ FFCP: _____
SF:	_____ AP: _____