



## Saint Ambrose Catholic School on the Hill

Dear Parent/Guardians:

Thank you for your support of Saint Ambrose Catholic School. By completing the registration packet, you express your desire to give your child a faith-based education in an environment of academic excellence. This packet contains information concerning registration for the 2022-23 academic school year.

We are a vibrant, Catholic parish school with a strong community behind us. We strive to live out the virtues in our daily lives as we challenge our students academically. Our goals are to meet the learning needs of all of our students through best practices and hands-on-experiences, providing a strong faith foundation, and helping each student to reach his/her full potential.

In spite of unprecedented challenges we want to thank our teachers, staff, students and parents, who have helped establish a partnership of trust. As we look forward to another successful year, we invite you to join us. When you choose Saint Ambrose Catholic School, you are choosing academic excellence, a safe and caring environment, and a community that is steeped in tradition but with an eye on the future.

Again, thank you for your support of Catholic education.

A handwritten signature in black ink, appearing to read "Fr. Jack Siefert".

Fr. Jack Siefert  
Pastor

A handwritten signature in black ink, appearing to read "Michele Grellner".

Michele Grellner  
Principal

St. Ambrose Catholic School on the Hill  
5110 Wilson Avenue  
St. Louis MO 63110



## Saint Ambrose Student Enrollment

### **DIRECTIONS:**

#### **Documentation needed for New Student Registration**

1. Birth Certificate
2. Baptismal Certificate (if baptized) of the child/children to be enrolled
3. Completed Registration Packet-Submit it to the office with the non-refundable \$100 registration fee.
4. Signed official release of records form
5. Health and immunizations records by the first day of school. Physical exam is needed for all new students.
6. A copy of the student's current report card and standardized test scores. (Students entering grades 2-8)
7. Pre-K3 & 4 students MUST be potty trained.

Please note: To receive the parishioner tuition rate, you must attend Mass at Saint Ambrose and contribute with the Sunday ACH. Please contact the Parish Office at 771-1228 to verify parishioner status.

St. Ambrose Catholic School on the Hill  
5110 Wilson Avenue  
St. Louis MO 63110



**Saint Ambrose Student Registration 2022-2023**

**Family Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Mother/Guardian Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

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

**Father/Guardian Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

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

**Student Name:** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Student Name:** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Student Name:** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Student Name:** \_\_\_\_\_ **Grade** \_\_\_\_\_

**If you have a child going in to Pre-K3 or Pre-K4: (Must be potty trained)**

**Pre-K Student Name:** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Pre-K Student Name:** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Will your child attend:**

\_\_\_\_\_ **Three Days: (please specify which three days).**      \_\_\_\_\_ **M-W-F**    \_\_\_\_\_ **T-W-Th**

\_\_\_\_\_ **Five Days**

**Registration Fee:**

\$100 per child if paid by March 1, 2022

\$150 per child if paid after March 1, 2022 (Returning families)

**Request for Student Records**

**STUDENT INFORMATION**

DATE OF REQUEST \_\_\_\_\_

STUDENT LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE NAME/INITIAL \_\_\_\_\_ GRADE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ PLACE OF BIRTH - CITY \_\_\_\_\_ STATE \_\_\_\_\_

CURRENT ADDRESS - STREET NUMBER AND NAME \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**PARENT / LEGAL GUARDIAN INFORMATION (SEE NOTE)**

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ RELATIONSHIP TO STUDENT \_\_\_\_\_

CURRENT ADDRESS - STREET NUMBER AND NAME \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ RELATIONSHIP TO STUDENT \_\_\_\_\_

CURRENT ADDRESS - STREET NUMBER AND NAME \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_

I/WE HEREBY REQUEST THAT RECORDS FOR THE STUDENT IDENTIFIED ABOVE BE PROVIDED TO THE SCHOOL IDENTIFIED BELOW. I CERTIFY THAT AS PARENT/LEGAL GUARDIAN AND/OR STUDENT, I HAVE THE LEGAL RIGHT TO AUTHORIZE THE RELEASE OF THIS INFORMATION. NOTE: THE AUTHORIZATION OF BOTH THE PARENT/GUARDIAN AND THE STUDENT ARE REQUIRED FOR A CURRENTLY ENROLLED STUDENT WHO IS 18 YEARS OLD OR OLDER. A PERSON WHO IS 18 YEARS OLD OR OLDER AND NO LONGER ATTENDING THE SCHOOL HAS THE SOLE RIGHT TO AUTHORIZE RELEASE OF RECORDS.

SIGNATURE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

**THE RECORDS REQUESTED INCLUDE THE FOLLOWING:**

- CUMULATIVE RECORD OF GRADES, ATTENDANCE, AND STANDARDIZED TEST SCORES
- SPECIAL NEEDS EVALUATION, DIAGNOSTIC REPORT, AND CURRENT PRESCRIPTIONS FOR ADJUSTMENTS
- IMMUNIZATION RECORD, VISION AND HEARING SCREENING, AND SPECIAL HEALTH CARE NEED INFORMATION

**RECORDS REQUESTED FROM:**

SCHOOL NAME \_\_\_\_\_ TELEPHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**SEND RECORDS TO:**

SCHOOL NAME \_\_\_\_\_ TELEPHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

THE SCHOOL, FOLLOWING ITS ESTABLISHED POLICY, MAY WITHHOLD THE TRANSFER OF INFORMATION IF THERE IS AN UNPAID TUITION BALANCE OR OTHER FINANCIAL OBLIGATION.

# ARCHDIOCESE OF SAINT LOUIS ELEMENTARY SCHOOLS CUMULATIVE RECORD

School \_\_\_\_\_ Address \_\_\_\_\_

Student's Legal Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Religion \_\_\_\_\_ Grade Entered \_\_\_\_\_ Year \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_

1. Home Address \_\_\_\_\_ Telephone \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

BIRTH: City \_\_\_\_\_ State \_\_\_\_\_ Year \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_  
 City \_\_\_\_\_ Social Security Number (optional) \_\_\_\_\_ Zip \_\_\_\_\_  
 Public School District \_\_\_\_\_  
 Attendance Area \_\_\_\_\_ Elementary School \_\_\_\_\_ Middle School \_\_\_\_\_

### FAMILY DATA

FATHER \_\_\_\_\_ MOTHER \_\_\_\_\_  
 Family Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Religion \_\_\_\_\_ Maiden Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Religion \_\_\_\_\_

MARITAL STATUS \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Single \_\_\_\_\_ Remarried \_\_\_\_\_ If divorced, name of parent who has legal custody \_\_\_\_\_ Name of Parent who has primary physical custody \_\_\_\_\_  
 Name & Address of Non-Custodial Parent \_\_\_\_\_ Date of most recent custodial decree, including modifications \_\_\_\_\_ Telephone \_\_\_\_\_

If student is not living with parents, complete the following: \_\_\_\_\_

GUARDIAN(S) \_\_\_\_\_  
 Family Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Relationship \_\_\_\_\_  
 Telephone \_\_\_\_\_

Home Address \_\_\_\_\_ Telephone \_\_\_\_\_ Religion \_\_\_\_\_

### SCHOOLS ATTENDED

Date Entered	Name of School(s)/District	City	State	Date Withdrawn	Reason

\*Moved (1) \_\_\_\_\_ Illness (2) \_\_\_\_\_ Parental Wish (3) \_\_\_\_\_ Transferred (4) \_\_\_\_\_ Reasons Unknown (5) \_\_\_\_\_ Death (6) \_\_\_\_\_

Baptism \_\_\_\_\_ First Communion \_\_\_\_\_ Confirmation \_\_\_\_\_

Date \_\_\_\_\_



## St. Ambrose Catholic School

### Tuition Collection Policy – 2022 -2023 School Year

**ALL SCHOOL FAMILIES ARE STAKEHOLDERS IN THE MISSION OF PROVIDING QUALITY EDUCATION FOR YOUR CHILD(REN). We ask for your understanding and support of that partnership as we implement policies that will ensure a viable and healthy future for St. Ambrose School.**

In an effort to simplify and improve the collection of recording of tuition payments and fees at St. Ambrose School, we will once again combine tuition and book fees into one total fee per family, which can be paid in one single payment or in monthly installments.

1. **Single payment.** Families have the option of paying the full amount of tuition by August 1, 2022. Tuition is discounted \$100 if this payment method is selected.
2. **Monthly payments.** If you prefer to make monthly payments, the tuition is divided into eleven monthly payments from July through May. Monthly payments can be made through the Automatic Debit (ACH) system. This is the preferred method of payment. Cash, check or money order are also acceptable methods of payment.

### Automatic Debit (ACH) Payment Method

1. Tuition payments can be automatically withdrawn from your checking or savings account on either the 5<sup>th</sup> or 20<sup>th</sup> of each month.
2. If a payment is returned for insufficient funds (NSF) or account closed, you will have ten days to submit the payment in cash or money order, along with a \$25.00 late fee.
3. A delinquent account of 30 days or more will result in the student(s) being held out of school on the 10<sup>th</sup> of the following month, until payment is made.
4. Repeated collection problems may result in the dismissal of the student(s) from school.
5. Report cards will not be released if there is a past due balance.
6. You are allowed ONE automatic debit change per school year, meaning a switch from the 5<sup>th</sup> to the 20<sup>th</sup> or vice versa, or stop debit this month and resume the following month. Additional change requests will result in a \$20.00 fee per change.
7. As has been the policy at St. Ambrose for a number of years, if a family experiences a financial hardship they are responsible for scheduling a meeting with Father Jack Siefert to discuss their situation. If a financial arrangement is agreed upon it must be put in writing and signed by a parent and by Fr. Jack Siefert.

St. Ambrose Catholic School on the Hill  
 5110 Wilson Avenue  
 St. Louis MO 63110



St. Ambrose Catholic School on the Hill  
 2022 – 2023 Tuition Rates

Registration fee (non-refundable):

\$100.00 per child if paid by March 1, 2022

\$150.00 per child if paid after March 1, 2022 (Returning families)

Payment Options:

1. Payment in full (\$100.00 deduction if paid in full by August 1, 2022)
2. Eleven monthly automatic debit (ACH) payments (July through May on the 5<sup>th</sup> or 20<sup>th</sup> of each month.
3. Eleven monthly payments by cash, check or money order.

NOTE: A parishioner is a family that regularly attends Mass at St. Ambrose and contributes with the Sunday ACH form.

<i>K-8 Parishioner Rates</i>	<i>Annual Tuition</i>	<i>Monthly Payment</i>
<i>1 Child</i>	\$6,182.00	\$562.00
<i>2 Children</i>	\$8,415.00	\$765.00
<i>3 Children</i>	\$8,866.00	\$806.00
<i>4 Children</i>	\$9,306.00	\$846.00
<i>K-8 Non-Parishioner Rates</i>		
<i>1 Child</i>	\$7,095.00	\$645.00
<i>2 Children</i>	\$9,438.00	\$858.00
<i>3 Children</i>	\$9,900.00	\$900.00
<i>4 Children</i>	\$10,340.00	\$940.00
<i>Pre-K Tuition Rates</i>		
<i>3 Days Per Week</i>		
<i>1 Child</i>	\$4,840.00	\$440.00
<i>2+ Children</i>	\$7,271.00	\$661.00
<i>5 Days Per Week</i>		
<i>1 Child</i>	\$5,962.00	\$542.00
<i>2+ Children</i>	\$7,271.00	\$661.00

St. Ambrose Catholic School on the Hill  
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**St. Ambrose School**

**TUITION PAYMENT SELECTION FORM**

**2022-2023 SCHOOL YEAR**

**Please complete the following:**

Name of Parent/Guardian: \_\_\_\_\_

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

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

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

Phone number (include area code): \_\_\_\_\_

**Please indicate your preference:**

\_\_\_\_\_ I choose to pay in full by August 1, 2022. I understand that there is a \$100 deduction for paying in full before this date.

\_\_\_\_\_ I choose monthly automatic withdrawals on the 5<sup>th</sup> of each month.\*  
11 payments – July 2022 through May 2023.

\_\_\_\_\_ I choose monthly automatic withdrawals on the 20<sup>th</sup> of each month.\*  
11 payments – July 2022 through May 2023.

**\*If I decide to take my child(ren) out of St. Ambrose School any time after July 1, I will be responsible for the tuition for the month that we withdraw.**

**NOTE:** The only exceptions to "all-inclusive" are the nonrefundable registration fee, extended care program fees, and the optional drink fee.

\_\_\_\_\_  
Signature of Parent/Guardian



St. Ambrose Catholic School on the Hill  
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Authorization Agreement  
Automatic Debit of Tuition Payments

This Agreement Must Be Completed Annually

I hereby authorize and request St. Ambrose Parish to automatically collect payments through direct debit (ACD) and to initiate, if necessary, credit entries and adjustments for any debit entries in error to the bank account listed below. I understand that if our family experiences a major financial crisis, such as a job loss, it is our responsibility to contact the pastor immediately.

Please attach a voided check to this form.

Name (Print or Type): \_\_\_\_\_

Signature: \_\_\_\_\_

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

This agreement is in accordance with the rules and operating procedures of the Middle America Payment Exchange (MPX), as now in effect or hereafter modified.

Name (as it appears on bank account): \_\_\_\_\_

Name of Bank or Credit Union: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Transit/ABA Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Checking:

Savings:

St. Ambrose Catholic School on the Hill  
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## Educational Needs Form

Thank for your interest and support of Catholic Education. We share your interest in helping your child experience success in his/her educational endeavors. In order for us to work cooperatively to establish the best learning environment to meet your child's needs, we ask that you take a few moments to complete this form.

In order to meet your child's needs more completely, we need to know if your child has ever been evaluated by a physician, psychologist, the public schools, the Department of Special Education, or any private agency for any learning difficulties.

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

\_\_\_\_ My child has never been evaluated.

\_\_\_\_ Yes, my child has been evaluated by: \_\_\_\_\_

Year of Evaluation: \_\_\_\_\_

My child was diagnosed with (Check all that apply):

\_\_\_\_ Attention Deficit

\_\_\_\_ Learning Disability

\_\_\_\_ Behavior Disorder

\_\_\_\_ Language or Speech Impairment

\_\_\_\_ Hearing Impairment

\_\_\_\_ Other (Please explain)

Does your child have any special needs that should be addressed in order to make learning easier?  
(Eyesight, hearing, medical conditions, physical disabilities, etc.)

Please describe: \_\_\_\_\_

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



**Annual Student Health Information -Please Print:**

Student Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Grade: \_\_\_\_\_

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

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

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

**History/Medical Diagnosis-Please check any that apply and return to school office**

\_\_\_\_ ADHD \_\_\_\_ \*Asthma \_\_\_\_ Autism \_\_\_\_ \*Diabetes \_\_\_\_ Heart/Lung \_\_\_\_ \* Seizure Disorder

\_\_\_\_ \* Allergies (specify)

Drug Allergies: \_\_\_\_\_

Food Allergies: \_\_\_\_\_

Insect/Bee Allergies: \_\_\_\_\_

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

\*Medical diagnoses that impact your child's health and safety during the school day and/or require treatment or accommodations, such as severe food allergies, asthma, etc., will need an Action/Care Plan completed by the physician.

\_\_\_\_ Hearing Loss/Aids \_\_\_\_left ear \_\_\_\_right ear \_\_\_\_Glasses/Contacts \_\_\_\_distance \_\_\_\_near

\_\_\_\_ Anxiety

\_\_\_\_ Other Health Information: \_\_\_\_\_

\_\_\_\_ Behavioral Concerns: \_\_\_\_\_

\_\_\_\_ Concerns that might affect performance at school: \_\_\_\_\_

\_\_\_\_ NO KNOWN HEALTH ISSUES

Please list medication given at home or school:

Medication: \_\_\_\_\_ Reason: \_\_\_\_\_ Dose: \_\_\_\_\_ Time(s): \_\_\_\_\_

Medication: \_\_\_\_\_ Reason: \_\_\_\_\_ Dose: \_\_\_\_\_ Time(s): \_\_\_\_\_

Any medication to be administered at school requires the completion of Authorization of Medication Administration in School Form.

Parent/Guardian Name (print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**MEDIA AUTHORIZATION**

**Introduction:**

For marketing and publicity purposes, there may be times when the school/archdiocese wishes to use your child(ren)'s image, name, recording or academic work in various media for marketing and/or publicity purposes. As a parent, you may choose the appropriate level(s) of authorization. For your convenience, this one form covers all members of your family at the same school.

**Levels of Authorization**

Parish/School: I grant permission to use my child's image, name, recording or academic work in communications that include, but are not limited to, parish bulletin, school newsletter, student newspaper, admission videos, parish/school website and social media.

Yes  No

Archdiocese of St. Louis: I grant permission to use my child's image, name, recording or academic work in communications that include, but are not limited to, archstl.org, St. Louis Review, Catholic St. Louis Magazine, archdiocesan social media, and any publication's by agencies administered by the Archdiocese of St. Louis.

Yes  No

Sponsoring Organizations: I grant permission to use my child's image, name; recording or academic work in websites, videos and publications created by independent foundations and corporations that support Catholic, but not limited to, Today and Tomorrow Educational Foundation, Roman Catholic Foundation of Eastern Missouri, Access Academies, English Tutoring Project and United Way.

Yes  No

Secular Media Outlets: I grant permission to use my child's image, name, recording or academic work in secular media communications including, but not limited to, print, radio, TV and Internet, (Examples: St. Louis Post Dispatch, KMOX Radio and KSD TV).

Yes  No

Neighborhood News: I grant permission to use my child's image, name, recording or academic work in The Hill neighborhood publications.

Yes  No

**Family Authorization (Please Print Clearly)**

Family Name:
Phone:
Email:
School Name:
Parish Affiliation:
Parent Name 1:
Parent Name 2:

Child(ren)s Name(s)	Grade	Age
Parent/Legal Guardian Signature:		

St. Ambrose Catholic School on the Hill  
5110 Wilson Avenue  
St. Louis MO 63110



Field Trip Permission Form

Dear Parent/Guardian:

Your son/daughter is eligible to participate in a school-sponsored activity requiring transportation to a location away from the school building. This activity will take place under the guidance and supervision of employees from **St. Ambrose Catholic School**. A brief description of the activity follows:

**Name of Event:** Walking Field Trip (on the Hill)

**Destination:** Around the Hill

**Designated Supervisor of Activity:** Teachers

**Date and Time of Departure:** 2022 - 2023 School Year

**Date and Anticipated Time of Return:** 2022 – 2023 School Year

**Method of Transportation:** Walking

**Student Cost:** free

If you would like your child to participate in this event, please complete, sign, and return the following statement of consent. As parent or legal guardian, you remain fully responsible for any legal responsibility that may result from any personal actions taken by the named student.

I hereby consent to participation by my child, \_\_\_\_\_, in the event described above. I understand that this event will take place away from the school grounds and that my child will be under the supervision of the designated school employee on the stated dates. I further consent to the conditions stated above on participation in this event, including the method of transportation.

\_\_\_\_\_  
(PRINT PARENT/GUARDIAN NAME)

\_\_\_\_\_  
(PARENT/GUARDIAN SIGNATURE)

\_\_\_\_\_  
(DATE)

St. Ambrose Catholic School on the Hill  
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PERMISSION FOR STUDENT TO TRAVEL TO AND FROM SCHOOL UNATTENDED ON A BICYCLE AND/OR WALKING

Name of Child: \_\_\_\_\_ Date: \_\_\_\_\_

I, \_\_\_\_\_, give consent for Saint Ambrose  
Parent/Guardian Signature

Catholic Church and School to release my child at dismissal to ride a bicycle home without adult care or supervision.

I, \_\_\_\_\_, give consent for Saint Ambrose  
Parent/Guardian Signature

Catholic Church and School to release my child at dismissal to walk home without adult care or supervision.

I understand and agree that Saint Ambrose Catholic Church and School will not be liable for anything that happens once he/she leaves the parish and school property at dismissal time. I understand and agree that Saint Ambrose Catholic Church and School will not be responsible for theft or damage to the bicycle while on Saint Ambrose property.

I AGREE TO HOLD SAINT AMBROSE CHURCH AND SCHOOL HARMLESS FOR ANY CLAIM ARISING FROM MY ABOVE-NAMED CHILD RIDING A BICYCLE TO AND FROM SCHOOL.

I AGREE TO HOLD SAINT AMBROSE CHURCH AND SCHOOL HARMLESS FOR ANY CLAIM ARISING FROM MY ABOVE-NAMED CHILD WALKING TO AND FROM SCHOOL.

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



### Uniform Information

- Hunter green polo shirts with the St. Ambrose logo (Catholic Supply 6759 Chippewa)
- PK may wear either the hunter green polo or the Pre-K t-shirt sold at Maestro.
- Outerwear - Navy blue fleece jackets, pullovers, sweaters and vest with the logo. (Catholic Supply)
- Khaki uniform slacks or shorts with plain pockets and no stitching (for boys and girls) no cargo pants or short shorts. It is required that pants or shorts be worn at the waist with shirts tucked in. Belts are required for students in grades 3-8.
- Girls (grades PK-4th) - Plaid jumper or skort (Catholic Supply)
- Girls (grades 4th-8th) Plaid skirt or skort (Catholic Supply) Skirts need to be no shorter than 2 inches above the knee.
- Tights or leggings - Navy blue, white or black.
- Socks - Socks must be worn at all times and should be **solid white or black. (If there is a logo on the socks, it must be either white or black with the exception of the St. Ambrose logo.)**
- Students may wear a T-shirt (plain solid shirt, no words or markings on the T-shirt) under the uniform shirt and take off the uniform shirt for gym.

### Shoe Policy:

Traditional brown or black school shoes, Sperry shoes or tennis shoes (any color) are acceptable. Students must wear tennis shoes on gym days. No shoes with wheels on the bottom are permitted.

During snowy weather, children may wear boots or shoes other than those they intend to wear in school. **They will change upon arrival. Boots may not be worn during the school day.**

### Additional Regulations:

- Boys Hair: Must be styled neatly. No designer cuts, radical styles, tails, artificial coloring of hair is acceptable. Hair should be above the shirt collar, out of eyes, and above the ears.
- Girls Hair: Must be neatly styled. Any hair adornments used must not be distracting. No radical styles or colors are acceptable.
- Jewelry: Small ring, watch, one religious medal, one bracelet, one pair of small stud earrings only.
- Cosmetics: Make-up and perfumes are not permitted. Non-scented, non-tinted lip balms and clear nail polish are permitted. No artificial, extension, "stiletto" or "coffin" shaped nails.
- Skirts should be no shorter than two inches above the knee.

# SCHOLARSHIPS AVAILABLE

**STARTING JANUARY 18, 2022**

*Looking for a scholarship for the  
2022-2023 school year?*

- All elementary schools in the Archdiocese of St. Louis
- All Catholic high schools
- Any private elementary school in the City of St. Louis

*Apply online at [TTEF-STL.ORG](http://TTEF-STL.ORG)*

**Deadline is February 28th, 2022.**

**Free Online Application**

**Go to: [ttef-stl.org](http://ttef-stl.org)**  
or call Laura George,  
Senior Director of Scholarships  
at 314.792.7777



**TODAY & TOMORROW**  
CHANGING THE FUTURE — ONE CHILD AT A TIME



**ARCHDIOCESE OF ST. LOUIS**  
Office of Catholic Education and Formation



**Roman Catholic Foundation**  
of  
**EASTERN MISSOURI**  
*Plan with heart. Invest for good.*