

 For office Use only

Approved: \_\_\_ Yes \_\_\_ No

Application Fee $\_\_\_\_\_\_\_\_\_\_

Date Paid \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_Cash or Check # **\_\_\_\_\_\_\_\_\_**

Tuition Contract: \_\_\_\_\_\_\_\_\_\_\_

Returning Student Registration Form 2017-2018

Name of Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_Grade-Fall 2017 \_\_\_\_

 First Middle Last

**Student Information:**

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

 Street City State ZIP

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

 Street City State ZIP

Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parish/Home Church: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ethnic Origin: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Information:**

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Best Method of Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Religion \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Marital Status: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The student resides with: Both Parents \_\_\_ Mother \_\_\_ Father \_\_\_ Other \_\_\_

If other, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I certify that the information on this application is accurate and complete; I acknowledge that any omission or inaccurate information could jeopardize my child’s standing with St. Patrick Catholic School.

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

Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

St. Patrick Catholic School

Yearly Tuition and Fees

2017 - 2018

**CATHOLIC**

|  |  |  |  |
| --- | --- | --- | --- |
| Grade | Registration Fee | Yearly Rate | Monthly Installment Rate |
|  |  |  |  |
| Pre-K3&PreK4 | 150.00 | 4,050.00 | 405.00 |
| K | 150.00 | 4,300.00 | 430.00 |
| 1-8 (1st student) | 150.00 | 5,300.00 | 530.00 |
| 1-8 (2nd student) | 50.00 | 4,300.00 | 430.00 |
| 1-8 (3rd student) | 0.00 | 3,800.00 | 380.00 |
| 1-8 (4th student) | 0.00 | 2,160.00 | 216.00 |

**NON-CATHOLIC**

|  |  |  |  |
| --- | --- | --- | --- |
| Grade | Registration Fee | Yearly Rate | Monthly Installment Rate |
|  |  |  |  |
| Pre-K3&PreK4 | 150.00 | 4,300.00 | 430.00 |
| K | 150.00 | 4,550.00 | 455.00 |
| 1-8 (1st student) | 150.00 | 6,220.00 | 622.00 |
| 1-8 (2nd student) | 50.00 | 5,220.00 | 522.00 |
| 1-8 (3rd student) | 0.00 | 4,720.00 | 472.00 |
| 1-8 (4th student) | 0.00 | 2,600.00 | 260.00 |

Notes on Tuition & Fees:

* Monthly tuition and fees are due on the 1st of the month and late **AFTER** the 10th of the month. Late payments are subject to a $25.00 late fee.
* A non-refundable registration fee of $150 is due with your application, maximum family registration fee $200
* **Payments via PayPal are subject to a convenience fee of 2.2%.**

**If you need a financial assistance application please come in to speak with the principal.**

St. Patrick Catholic School

Tuition and Fees Contract

2017-2018

Thank you for choosing to partner with St. Patrick Catholic School for the quality education for your child/children. The purpose of this document is to clarify this partnership and your responsibility for the payment of tuition and fees as the parent or guardian.

Students enrolled at St. Patrick’s for 2017-2018:

 Name Grade

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

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

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

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

The undersigned hereby accepts the terms and conditions as outlined in the student handbook for the 2017-18 school year. In addition, it is clearly understood that:

1. I understand that the partnership is forming solid character of students must be reinforced by the family/household. I am committed that my student(s) will participate in Sunday worship with their parents/guardian each week at the church of our choice. [Non-religious households can discuss an alternative activity with the principal.]
2. I agree that my student will attend religion classes, participate in prayers, services and other school activities.
3. I realize that the school makes a commitment for the year for staffing, books and many supplies. For this reason, I recognize that the Tuition for the year is due in full prior to the first day of classes.
4. If I am not paying the whole amount prior to the start of classes, I appreciate that the school will allow the amount to be paid in 10 monthly installments beginning in August. The August payment is due prior to the first day of classes. Subsequent monthly payments are due to the school office by the 1st of each month. A $25 late fee will be assessed after the 10th. (See also Delinquent Accounts #11 below).
5. In fairness to the school, I will pay all miscellaneous fees and any account balances prior to the last day of school.
6. I understand that registration and fees are non-refundable.
7. I agree that if we desire to break this contract and withdraw our student before the end of the year, we may petition the school for renegotiation of this contract, in light of unforeseen circumstances, in a cooperative, Christian manner.
8. I recognize that the school has the right to require the withdrawal of a student if the school standards and requirements of conduct, behavior, and academic achievement are not met by the student. In such a case half the tuition balance will be credited.
9. I recognize that the cost of education is kept low, in part, by volunteerism. To assist in this important effort, our family/household will do at least twenty volunteer hours. We will complete and log these hours over the course of the school year. At least half the hours will be completed by the end of February, and the rest by the end of April. Hours not completed will be subject to an assessment of $15/ hour.
10. I will keep current my contact information on record with the school office and update as needed the emergency contact information in writing.
11. Delinquent Accounts: Recognizing the kindness of the school in offering the option of installment payments and understanding that receiving those installment payments in a timely fashion is both a matter of justice and a practical necessity. I will be attentive to keeping my account current.
12. In the unlikely event that we have difficulty in meeting our tuition obligation, I will notify the principal in a timely fashion (before payment is due) so that special arrangements can be requested from the School Tuition Committee.

If my account is over 30 days past due, without an agreement approved from the School Tuition Committee, I will acknowledge that I have not been faithful to my part of the partnership and I will not expect the school to continue using its resources educating my student(s) until I have again become current in my obligation, or am current with an approved modified plan from the School Tuition Committee. In such a case I will not bring my student(s) to the school and will graciously accept that my choices have made it so that my student(s) may not be attend classes. [The school will grant a one time grace period extending to 60 days past due, at which time the student(s) will not be admitted to St. Patrick School.]

*BY SIGNING THIS CONTRACT, I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND MY OBLIGATIONS TO ST. PATRICK CATHOLIC SCHOOL AND AGREE TO PAY ALL TUITION AND FEES AS SET FORTH IN THIS CONTRACT AND IN SCHOOL HANDBOOKS. AND SUCH MISCELLANIOUS COSTS AS I APPROVE (SUCH AS LUNCHES, FIELD TRIPS, ETC.)*

Total annual amount to be paid for Tuition $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Payment Plan: (Please initial your choice)

\_\_\_\_\_\_\_\_ In Full by the first day of school

\_\_\_\_\_\_\_\_ Semester Payments (Total Divided by 2)

\_\_\_\_\_\_\_\_ 10Monthly Payments (August 1-May 1)

If someone other than the parent/guardian is going to be responsible for the payments:

Please Print Name of Person Financially Responsible for Tuition: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount they are responsible for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Contact Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of

Person Financially Responsible for Tuition: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of the Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pastor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Volunteer Hours Contract**

2017-2018

(1 per family)

**Name of Student(s)**

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

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

Each family enrolled in St. Patrick Catholic School is required to complete 20 volunteer hours for the benefit of the school community throughout the course of the year.

Our school works because everyone pitches in to make it a better place!

Opportunities for volunteers will be posted in the weekly newsletter, at school functions such as open house, in the office, and/or on the web site.

**Half the Hours (10) are to be completed by the Gala in February. Any hours, of the 10, not completed at that time will be billed on the March invoice.**

Examples of volunteer hours:

Chaperoning field trips Work days

Kumon grader Assisting teacher (copies, etc.)

Pumpkin Patch Fall Festival

Annual Gala Field Day

PSIA School Maintenance and Cleaning

**Any volunteer hours that are not completed by the end of the year are to be paid to the school at a rate of $15 per hour**. Families registering after the school year begins are subject to a prorated number of hours depending on the start date.

BY SIGNING HERE, YOUR FAMILY AGREES TO PROVIDE 20 HOURS OF VOLUNTEER SERVICE DURING THE 2017-2018 SCHOOL YEAR FOR THE BENEFIT OF ST. PATRICK CATHOLIC SCHOOL.

Parent/Guardian Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

St. Patrick Catholic School 2017-2018

**Consent to Photograph Form – Photograph/Video Release**

(1 per family)

The undersigned does hereby authorize St. Patrick Catholic School employees, or other persons under the direction of St. Patrick Catholic School employees, to photograph/film and/or release information while under the care of the above institution. The undersigned also agrees to the use of the negatives, prints or films prepared for newspaper, brochure, television, yearbook or other forms of publication. The undersigned hereby and forever waives all rights that they may have to any claims for payment or royalties whether the exhibition and showing is under philanthropic, commercial, institutional, or private sponsorship, and irrespective of whether a fee of admission or film rental is charged. The undersigned further agrees to hold St. Patrick Catholic School and its employees free and harmless from any and all liabilities, which might arise from the publication of such photographs or information.

Name of Student(s)

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

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

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

 Signature of Parent or Guardian Date

Print Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Family Referral Bonus**!

Spreading the good news about St. Patrick School will pay off in 2017-2018! Any currently enrolled family who registers for next year and refers a new family to St. Patrick Catholic School is subject to a referral bonus!

Here is how it works:

1. Register your children for 2017-2018.

2. Remain current on all tuition and fees.

3. Refer a new family and fill out a referral bonus form. Give it to the principal.

4. If the new family registers and remains at St. Patrick’s through December 2017 (including being current on

 all tuition and fees), you and the new family will each receive a $100 school credit in December.

5. The credit can be used against December tuition, and extended-care. Other redemption opportunities may be added at the discretion of the principal and parish priest.

6. It has no cash value and is non-transferable.

Thanks for helping to spread the word!

**Referred Family: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Referring Family: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Information for School Directory**

 (1 per family)

 Student name Date of Birth Grade

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

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

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

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

Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place of Employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The information provided above is for use by the St. Patrick Catholic School community for school related purposes only. By providing directory information you understand that your information will automatically be included in the directory, unless you specify otherwise.

**Please check any activities you would be interested in participating in:**

\_\_\_\_ PTO \_\_\_\_ Work days

\_\_\_\_ School Advisory Council \_\_\_\_ Assisting teacher

\_\_\_\_ Helping with Gala \_\_\_\_ Helping with Fall Festival

\_\_\_\_ Helping with the Pumpkin Patch \_\_\_\_ Field Day

\_\_\_\_ Chaperoning field trips \_\_\_\_ Kumon grader

\_\_\_\_ Room parent \_\_\_\_ Class parties

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

Would you be interested in sponsoring the Green and Gold Gala? YES \_\_\_\_\_\_\_\_ NO \_\_\_\_\_\_\_\_\_\_

Do you know anyone or a business who might be interested in sponsoring the Green and Gold Gala? If so, please list name and contact information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Do you have any ideas for fundraisers for the school? If so please list your idea: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Please list any special talents or skills you feel would benefit St. Patrick Catholic School: \_\_\_\_\_\_\_\_\_\_\_\_\_

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

**St. Patrick Catholic School 2017-2018**

**Medical Information (1 per student)**

Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade \_\_\_\_\_\_\_\_\_\_\_ Birthday: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**During an emergency, office will call numbers in order listed.**

1st Contact #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Mom/Dad/Other)

2nd Contact #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Mom/Dad/Other)

3rd Contact #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Mom/Dad/Other)

**Person(s) to call in case of emergency when parents cannot be reached**:

First Contact:

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Second Contact:

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Physician\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dentist\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hospital\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Co: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Group Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Group Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Individual Card No./Subscriber ID No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any health problems your child may have:

\_\_\_ Allergies: food \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ medication \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ Asthma\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ Diabetes\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ Hearing\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ Kidney\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ Orthopedic\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ Seizure\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ Speech\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ Vision\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any other details or physical limitations regarding your child:

In the event of an emergency, if you cannot be reached, do you hereby authorize the school and/or its employees to give consent for medical treatment for the above named child? YES \_\_\_\_\_\_\_\_ NO \_\_\_\_\_\_\_\_\_

If no, what procedure should be taken: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Texas Education Agency** **Texas Public School Student/Staff Ethnicity and Race Data Questionnaire** **The United States Department of Education (USDE) requires all state and local education institutions to collect data on ethnicity and race for students and staff. This information is used for state and federal accountability reporting as well as for reporting to the Office of Civil Rights (OCR) and the Equal Employment Opportunity Commission (EEOC).** **School district staff and parents or guardians of students enrolling in school are requested to provide this information. If you decline to provide this information, please be aware that the USDE requires school districts to use observer identification as a last resort for collecting the data for federal reporting.** **Please answer both parts of the following questions on the student’s or staff member’s ethnicity and race.** ***United States Federal Register (71 FR 4486*6)** **Part 1.** **Ethnicity: Is the person Hispanic/Latino? *(Choose only one)*** **Hispanic/Latino -** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.  **Not Hispanic/Latino** **Part 2.** **Race: What is the person’s race? *(Choose one or more)*** **American Indian or Alaska Native -** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment.  **Asian -** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.  **Black or African American -** A person having origins in any of the black racial groups of Africa.  **Native Hawaiian or Other Pacific Islander -** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.  **White -** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student/Staff Name (please print) (Parent/Guardian)/(Staff) Signature  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date  Student/Staff Identification Number

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| This space reserved for Local school observer – upon completion and entering data in student software system, file this form in student’s permanent folder.  |
| Ethnicity – choose only one:   \_\_\_\_\_ Hispanic / Latino   \_\_\_\_\_ Not Hispanic/Latino  | Race – choose one or more:  \_\_\_\_\_ American Indian or Alaska Native  \_\_\_\_\_ Asian  \_\_\_\_\_ Black or African American  \_\_\_\_\_ Native Hawaiian or Other Pacific Islander \_\_\_\_\_ White   |
| Observer signature:   | Campus and Date:  |

**Texas Education Agency – March 2010**  |