



Official Registration – 2019-2020 School Year

WELCOME!

Please complete this form in its entirety.

(Any information not completed on renewal registrations will revert to previously completed registration.)

Family Last Name(s)		Family Address – Street		Family Address - City, Zip					
Family Phone Number		Religious Affiliation		Registered Parishioner of MPHM?		Home Language?			
				<input type="checkbox"/> Yes <input type="checkbox"/> No					
School District where you reside: <input type="checkbox"/> Shelby <input type="checkbox"/> Other _____ and Building: <input type="checkbox"/> Shelby Middle School <input type="checkbox"/> Auburn <input type="checkbox"/> Dowds <input type="checkbox"/> Other _____									
Primary Residence Parent(s)/Guardian(s)									
Marital Status: Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Remarried <input type="checkbox"/>									
Last Name		First Name		Phone #		Email Address	Relationship to child?		
Employer				Work Phone #					
Last Name		First Name		Phone #		Email Address	Relationship to child?		
Employer				Work Phone #					
Non-Primary Non-Residence Parent(s)/Guardian(s)									
Marital Status: Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Remarried <input type="checkbox"/>									
Last Name		First Name		Phone #		Email Address	Work Phone #		
Please indicate whether the non-resident parent/guardian is to receive report cards and other communication and, if so, how. <input type="checkbox"/> Please notify nonresident parent/guardian by <input type="checkbox"/> email <input type="checkbox"/> by mail at: _____									
First Name		Middle Name		Last Name		Grade Level	Date of Birth	Social Security #	Shirt Size
Student 1	* Race: <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Multi-racial <input type="checkbox"/> White Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non- Hispanic Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female								
Student 2	* Race: <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Multi-racial <input type="checkbox"/> White Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non- Hispanic Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female								
Student 3	* Race: <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Multi-racial <input type="checkbox"/> White Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non- Hispanic Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female								

*Required for State/Diocese Reporting

Permission Form

Wellness Walk- There are times when teachers and students leave our school property. It may be for a wellness walk around the block, gym exercises, walking to the Shelby Y or library, etc.

As the parent/guardian, I grant permission to leave the premises for this reason as stated above.

Yes No

Request to Administration of Medication by School Personnel - In consideration for the overseeing and dispensing of medication for the following child(ren), I hereby release and discharge the Toledo Catholic/Private Schools, The Principal of the responsible school, her designees, and any other persons connected with the overseeing and dispensing of medication or drugs herein described, from all claims, demands, actions judgments, and executions which may arise from the overseeing or dispensing of medication. We (I) agree to notify the school personnel immediately if there is any change in either the child's treatment regimen or the authorizing physician. **When necessary, my child may be given:** Acetaminophen (ie. Tylenol); Ibuprofen (ie. Motrin or Advil); Antacids (ie. Rolaids or Tums); Cough Drops; Diphenhydramine (such as Benadryl); Essential Oils (topically only) **UNLESS I HAVE CROSSED OFF.**

PLEASE NOTE: If prescription drugs are needed, a doctor's release for administration will be needed.

Yes No

Request for First Aid - Occasionally, your child(ren) may need first aid for minor injuries, rashes, or insect bites or stings. Common practice is that we apply Neosporin, caladryl lotion, or bee sting analgesic or Essential Oils (topically only). My child(ren) have my permission to receive first aid as outlined. I understand that I may not be notified if these products have been used on my child. **PLEASE NOTE: As this student(s) parent or guardian, I release St. Mary School, Catholic Youth and School Services and any associated person or agency from any claims in consideration for these opportunities.**

Yes No

Permission to Photograph - From time to time we take pictures and/or videos during Church, School, and Parish life activities. We would like your permission to use these pictures in media such as our website and social media, in our newsletter, brochures, articles in the newspaper, school promotional videos, etc.

As the parent/guardian, I grant St. Mary/Most Pure Heart of Mary permission to use photos/videos of my child.

Yes No

My student(s) usual transportation to school will be: bus authorized pick up by car walk/ride bike
If bus, complete and return the Shelby City Schools Student Transportation Request included in registration packet.

Please forward School News via email to the following address(es) : _____

Please add the following number(s) for text alerts for school closing: _____

NEW STUDENTS SECTION only:

Transferring from another school? Yes No If yes, School Name: _____

- Student Name _____
 Below Average

Academic Achievement

- Above Average
- Average
- Needs Improvement

Behavior

- Outstanding
- Satisfactory

- Student Name _____

Academic Achievement

- Above Average
- Average
- Below Average

Behavior

- Outstanding
- Satisfactory
- Needs Improvement

- Student Name _____

Academic Achievement

- Above Average
- Average
- Below Average

Behavior

- Outstanding
- Satisfactory
- Needs Improvement

****Please include a Consent to Release Records for each K-6 school attended.

- Please list any other information regarding your child(ren) that can assist St. Mary faculty and staff in meeting the physical or educational needs of your child. (ie. Special services-IEP, Title 1 Reading, etc.)
 Yes No If yes, please explain:

- What are your expectations of St. Mary School in meeting the needs of your child(ren) spiritually, emotionally, academically, and physically?

In addition, the items shown below must accompany this registration form

- Student's Official Birth Certificate (from Department of Health)
- Student's Social Security Number/Card
- Parent/Guardian Photo ID
- Legal Custodial/Guardian papers, if applicable

We (I) attest that all information provided in this application is correct. We (I) understand it is the responsibility of each student, as well as we (I) as the child's parents, to cooperate to the spirit and the letter of the Family Handbook, Code of Ethics, Dress Code and all school policies, procedures and rules, which are not all inclusive and are subject to change by St. Mary School.

Signature

★ Parent/Guardian's Name (PLEASE PRINT): _____

★ Parent/Guardian's Signature: _____

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EMERGENCY MEDICAL AUTHORIZATION FORM

Purpose: To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority, while parents or guardians cannot be reached.

SCHOOL: **St. Mary School**

Family Name:	Address:
	Street
Phone #:	City / state / Zip

Student Name:	2019-2020 Grade	Known Allergies &/or Prescription Meds

NAME OF CHILDCARE PROVIDER			
Name:		Relationship (If any):	
		Daytime Phone:	

Name & phone # of Adult Other Than Parents/Custodians that are permitted to pick up your student (Please check the box <input type="checkbox"/> if the person listed can be contacted if, in the event of an emergency, we cannot reach the residential parent or guardian)		
	Name	Phone #
1		<input type="checkbox"/>
2		<input type="checkbox"/>
3		<input type="checkbox"/>
4		<input type="checkbox"/>

(Please complete reverse side)

PART ONE OR PART TWO MUST BE COMPLETED

PART ONE: TO GRANT CONSENT

I hereby give consent for the following medical care providers and local hospital to be called:

Physician:		Phone:	
Dentist:		Phone:	
Medical Specialist:		Phone:	
Local Hospital:		Emer. Room Phone:	

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above named doctors, or in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring the necessity for such surgery, are obtained prior to the performance of such surgery.

Date:		Signature of Parent/Guardian:	
Address:			
City		ST	Zip Code

PART TWO: REFUSAL TO CONSENT

I do NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I want the school authorities to take the following action:

Date:		Signature of Parent/Guardian:	
Address:			
City		ST	Zip Code

PARENT OR GUARDIAN Code of Ethics Acknowledgement

As the parent or legal guardian of the student(s) of St. Mary School, Shelby, I have read and agree to comply by the Parent's Code of Ethics Policy included on the bottom half of this page (retained for my reference).

Parent Name _____
(Please print legibly)

Parent Signature _____ Date _____

✂ ✂ -----

Parent/Guardians' Code of Ethics

A Catholic school is most successful when the administration, the teachers, and the parents partner for the good of the child. The school is a community of faith where the dignity of each person is respected. Mutual support and cooperation among all those guiding the lives of the children are essential for effective formation and education.

St. Mary School is committed to working with you for the good of your child. We are committed to open, honest communication. We will treat both you and your children with dignity and respect.

For your part, your decision to enroll your child in this school indicates your willingness to support and to cooperate with the leadership and faculty of the school. Specifically:

- **To speak with a civil and respectful tone of voice at all times.**
- **To discuss disagreements and conflicts out of earshot of your child(ren).**
- **To follow proper channels when conflicts arise. (Speak with teacher-minister first, then to the principal-minister.)**
- **To respect principal-minister and teacher-minister's time by seeking appropriate appointments for discussion of issues.**
- **To refrain from using social media of any kind to vent or share frustrations about St. Mary School or any faculty or staff or to share privileged information about any student(s).**

We look forward to partnering with you during this coming school year.

The Faculty & Staff of St. Mary Elementary School.

Please retain this Code of Ethics for your records and return the signature portion above.

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School Volunteer Commitment - 2019-2020



Here at St. Mary School we ask each family to contribute a minimum of 20 volunteer hours per year.

Your Gift of Involvement is essential. Volunteers demonstrate service, and guarantee both cost savings and income. Without volunteer involvement, our school would have to hire additional faculty and staff to maintain the many classroom, athletic, and service projects we offer to our students. In addition, many volunteers are necessary each year to ensure the continued success of our events.

Family Contact Information

Name(s)		Cell Phone(s)	
E-Mail Address(s)			

Below is my commitment to volunteering for the 2019-2020 School Year. I understand that Volunteers demonstrate service, and guarantee both cost savings and income. Many volunteers are necessary each year to ensure the continued success of our events.

Function	# Hours I can Commit	Date(s)	Verified by (School Staff)
_____ PTO (Parent Teacher Organization)			
_____ School Advisory Council			
_____ School Dance*			
_____ Catholic Schools Week Events			
_____ Christmas Program help*			
_____ Field Trips*			
_____ Orientation /Open House			
_____ CSO athletics coach/ help*			
_____ Halloween Whole School Party*			
_____ Thanksgiving Celebration*			
_____ Classroom Party*			
_____ PTO Fish Fry Dinners			
_____ CSW Luncheon/ Open House			
_____ Christmas Bazaar			
_____ Box Top Contest			
_____ Box Tops Contest & Counting			
_____ Spring Fling			
_____ Other:			

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability. Volunteers for school activities must be VIRTUS approved. Contact the office for details. One family member's cost to complete Virtus is included in tuition.

***Virtus Background Check/ Protecting Gods Children Course Complete** Yes or No Year completed _____

Thank you for completing this application form and for your interest in volunteering

Galatians 6: 10 "So then, while we have the opportunity, let us do good to all, but especially to those who belong to the family of the faith."