

New students must first complete an application form.

Household Information

<p><u>Parent/Guardian1*:</u> * Primary Household/Primary Contact First Name: _____ Last Name: _____ Relation to Children: _____ Address: _____ City: _____ State: _____ Zip: _____ Home phone: _____ Work: _____ Cell**: _____ Email: _____</p>	<p><u>Parent/Guardian2:</u> First Name: _____ Last Name: _____ Relation to Children: _____ Address: _____ City: _____ State: _____ Zip: _____ Home phone: _____ Work: _____ Cell: _____ Email: _____</p>
<p>**Can this cell phone be used by the school for text communication? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

Child/ren reside with: Both Parents Mother Father Guardian Other _____

Does the child/ren's primary household have internet access? Yes No

School District of Primary Household:

- 6 South St. Paul 197 SSP/WSP/Eagan/Mendota Heights 199 Inver Grove Heights
 625 St. Paul Public Schools 833 Woodbury/Cottage Grove I am unsure
 Other _____

Home Language Questionnaire (necessary for possible state funding):

- Which language did your child learn first? English Other _____
 Which language is most spoken in your home? English Other _____
 Which language does your child usually speak? English Other _____

Religion:

- Catholic
 Other _____

Parish:

- Our Lady of Guadalupe St. John Vianney
 St. Michael Other _____

Morning Transportation:

- District 197 Bus District 625 Bus
 Car drop-off Walk
 COS before-school care
 Other _____

Afternoon Transportation:

- District 197 Bus District 625 Bus
 Car pick-up Walk
 COS after-school care
 Other _____

Notice of Non-Discrimination Policy:

It is the policy of Community of Saints Regional Catholic School to comply with State and Federal laws prohibiting discrimination and all requirements imposed by or pursuant to regulations issued thereto, to the end that no persons shall be denied or excluded from enrollment or participation in any educational program or activity operated by the school, on the grounds of race, color, national or ethnic origin, gender, status with regard to public assistance or disability.

Media Release

I consent that Community of Saints School be permitted to use and publish for advertising, commercial or publicity purposes, the name and likeness of my child for any other lawful purpose whatsoever, including photographic portraits, pictures, reproductions, made through any medium, including electronic media, and the undersigned parent/guardian does hereby release Community of Saints School from any liability in connection with such use.

The undersigned parent/guardian acknowledges having read this release, having had the opportunity to consider and understand its terms and does hereby execute it voluntarily and with knowledge of its significance. If you do not want your child’s picture on the school website please tell your child (ren) that they cannot be in any of the pictures. It is embarrassing for the children to be asked and the photographer to ask them to step out of pictures because we do not have permission from you. No names are put under the pictures on the website, only the subject.

- Yes, I consent. No, I do not consent.

Parent/Student Handbook

The purpose of Community of Saints Parent/Student Handbook is to introduce and/or review parents and students with Community of Saints school policies and procedures. Please read through our Parent Handbook with your child /ren.

Parent Handbook Acknowledgement: We have received, read, and understand the policies in the Community of Saints School Handbook. We agree to be governed by the policies as outlined.

- Yes, I agree.

Emergency Contact Information

It is the parent’s responsibility to notify the school if there are changes to the information on this form.

Hospital _____ City _____ Phone (_____) _____

Health Insurance Provider Name: _____

Doctor _____ City _____ Phone (_____) _____

Dentist _____ City _____ Phone (_____) _____

Authorization: In case of an accident or serious illness, I request the school to contact me. If unable to contact me, I hereby authorize them to contact the physician listed, and follow the physician directive. If unable to contact the physician, the school may make whatever necessary arrangements, including 911 calls. I have read the above statements, and I agree to supply the data on this form with full knowledge of the information in that statement.

PARENT/GUARDIAN SIGNATURE

DATE

List two or three emergency contacts who will assume temporary care and transportation of your child if parent(s) cannot be reached:

Name _____ Phone (_____) _____ Relation to Child: _____

Name _____ Phone (_____) _____ Relation to Child: _____

Name _____ Phone (_____) _____ Relation to Child: _____

Please list any person(s) who are NOT allowed to remove your child (ren) from school grounds. Please note: Legal parents/guardians cannot be listed without legal documentation provided to the school.

Name: _____

Name: _____

Student Information

Name: _____
First Name Middle Last Preferred First Name

Grade 2018-19: _____ Gender: Female Male Date of Birth: _____

Ethnic Affiliation (for statistical purposes only):

- Asian African American Caucasian
 Latino / Hispanic Native American Pacific Islander
 Other _____

Sacraments Received - Mark all that apply

- Baptism Eucharist Reconciliation Confirmation N/A

I would like information about my child receiving the following sacraments this year:

- Baptism-any age Eucharist-2nd grade and after Reconciliation-2nd grade and after Confirmation – 8th grade N/A

Student Health

Allergies: _____

Medical Conditions: _____

Medications: _____

If my child needs the following, I authorize school personnel to administer the following (Check all that apply).
Administration of "over the counter" medication will be at the discretion of the appointed personnel, consistent with the recommended dose for age as defined on package guidelines.

- Acetaminophen (Tylenol) Ibuprofen (Advil/Motrin)

Student Information - 2

Name: _____
First Name Middle Last Preferred First Name

Grade 2018-19: _____ Gender: Female Male Date of Birth: _____

Ethnic Affiliation (for statistical purposes only):

- Asian African American Caucasian
 Latino / Hispanic Native American Pacific Islander
 Other _____

Sacraments Received - Mark all that apply:

- Baptism Eucharist Reconciliation Confirmation N/A

I would like information about my child receiving the following sacraments this year:

- Baptism-any age Eucharist-2nd grade and after Reconciliation-2nd grade and after Confirmation – 8th grade N/A

Student Health

Allergies: _____

Medical Conditions: _____

Medications: _____

If my child needs the following, I authorize school personnel to administer the following (Check all that apply).
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- Acetaminophen (Tylenol) Ibuprofen (Advil/Motrin)

Student Information - 3

Name: _____
First Name Middle Last Preferred First Name

Grade 2018-19: _____ Gender: Female Male Date of Birth: _____

Ethnic Affiliation (for statistical purposes only):

- Asian African American Caucasian
 Latino / Hispanic Native American Pacific Islander
 Other _____

Sacraments Received - Mark all that apply

- Baptism Eucharist Reconciliation Confirmation N/A

I would like information about my child receiving the following sacraments this year:

- Baptism-any age Eucharist-2nd grade and after Reconciliation-2nd grade and after Confirmation – 8th grade N/A

Student Health

Allergies: _____

Medical Conditions: _____

Medications: _____

If my child needs the following, I authorize school personnel to administer the following (Check all that apply).
Administration of "over the counter" medication will be at the discretion of the appointed personnel, consistent with the recommended dose for age as defined on package guidelines.

- Acetaminophen (Tylenol) Ibuprofen (Advil/Motrin)

Student Information - 4

Name: _____
First Name Middle Last Preferred First Name

Grade 2018-19: _____ Gender: Female Male Date of Birth: _____

Ethnic Affiliation (for statistical purposes only):

- Asian African American Caucasian
 Latino / Hispanic Native American Pacific Islander
 Other _____

Sacraments Received - Mark all that apply:

- Baptism Eucharist Reconciliation Confirmation N/A

I would like information about my child receiving the following sacraments this year:

- Baptism-any age Eucharist-2nd grade and after Reconciliation-2nd grade and after Confirmation – 8th grade N/A

Student Health

Allergies: _____

Medical Conditions: _____

Medications: _____

If my child needs the following, I authorize school personnel to administer the following (Check all that apply).
Administration of "over the counter" medication will be at the discretion of the appointed personnel, consistent with the recommended dose for age as defined on package guidelines.

- Acetaminophen (Tylenol) Ibuprofen (Advil/Motrin)