

St. Alphonsus Catholic School
Application for Enrollment Form 2010 - 2011



PLEASE PRINT ALL INFORMATION EXCEPT SIGNATURE
(Make sure you fill in all the blanks. This information is very important.)

FOR SCHOOL USE ONLY:

Application Date: _____ Acceptance Date: _____
Enrollment Date: _____ Withdrawal Date: _____
School Official Signature: _____

Child's Name: _____ Age: _____
Elementary: Entering Grade: _____ After School _____
Preschool: Entering Age/Class: _____ Teacher: _____ All Day _____ Half Day _____
**A "Form 121" (Immunization Record) is on file before the child attends class _____ Yes _____ No **

REGISTRATION FEES AND ALL "APPLICATION FEES" ARE NON - REFUNDABLE

Personal Information:

Mother's Name _____ Father's Name _____
Child's Address: _____ City: _____ State: _____ Zip Code: _____
Mother's Address (If different from child): _____
Father's Address (If different from child): _____
Child's Home Phone: _____ Child's Social Security: _____
Child's Date of Birth: _____ Race: _____ Sex: _____ Religion: _____
Church Student Attends: _____ ** *School District:* _____
CATHOLIC: _____ YES _____ NO Baptismal Certificate on file: _____ Needed: _____
Mother's work phone: _____ & place of employment _____
Father's work phone: _____ & place of employment _____

PLEASE COMPLETE AND SIGN THE OTHER SIDE OF THIS FORM.

MEDICAL INFORMATION:

Are there any special medical needs that should be met for this student? Yes NO
If YES, please explain: _____

Are there any special diets, medications (including allergies) or activities of which we should be aware?
 Yes NO
If YES, please explain: _____

List any other information that this facility should be aware of concerning this child:

Give Physician's name: _____ Phone Number: _____

COMPLETE EACH OF THE FOLLOWING SECTIONS BY **INITIALING** "YES" OR "NO"
(DO NOT SKIP ANY.)

1. My child may be photographed (videoed) for marketing publication at the school: Yes No
2. My child may take approved field trips sponsored by the school: Yes No
3. The school may give my child emergency medical treatment, if needed: Yes No
4. My child's picture and first name only may be used on the school website. Yes No

FOR PRESCHOOL PARENTS ONLY
(PUT INITIALS BY YOUR RESPONSES. DO NOT SKIP ANY.)

1. I have been given and read a copy of the MSDH Regulation Summary. Yes No
2. My child is toilet trained. Yes No
3. I understand that St Alphonsus Catholic School DOES NOT give medications. Yes No

K – 8
Breakfast Lunch

Meals Needed
(Circle)

Preschool
Breakfast Lunch PM Snack

REGISTRATION FEES AND ALL APPLICATION FEES ARE NON - REFUNDABLE

Parent Signature

Date

PICK-UP LIST 2010 - 2011
(Parental Permission)

(For Parents with more than one child: Fill this form out once and we can make a copy for each child.)

I, _____, hereby give permission for my child(children):
(Name of Parent/Guardian)

PLEASE LIST ALL CHILDREN ENROLLED AT ST. ALPHONSUS

Child's Name _____ Grade _____

Child's Name _____ Grade _____

Child's Name _____ Grade _____

Child's Name _____ Grade _____

To be picked up from St. Alphonsus Catholic School by the following persons:
(Please include your name as well as your spouse's name, when applicable.)

Name Phone Number Relationship to child

Name Phone Number Relationship to child

Name Phone Number Relationship to child

Name Phone Number Relationship to child

Name Phone Number Relationship to child

Please list anyone who is NOT ALLOWED to pick up your child/children.

Parent Signature: _____

Phone Number: _____

IN CASES OF DIVORCE

Proof of legal guardianship must be on file with the office and with the teacher.
It is the parent's responsibility to provide the school with documentation of
legal custody.

Friendly Reminder

**DON'T FORGET, BEFORE YOUR CHILD CAN ENTER SCHOOL
AT ST. ALPHONSUS CATHOLIC SCHOOL,
THESE ITEMS MUST BE ON FILE IN THE SCHOOL OFFICE.**

1. Immunization Record (Form 121) from the Pike County Health Department or your child's shot record (Certificate of Compliance), which can be picked up at your doctor's office. You child cannot attend classes until this is on file.
2. Certified copy of your child's birth certificate.
3. Your child's Social Security Card
4. Copy of the Health Insurance Card, which shows coverage for your child. (No child can attend school at St Alphonsus without some type of insurance coverage.)
5. If transferring from another school we need:
 - a. a copy of the report card,
 - b. a signed withdrawal form from the previous school,
 - c. a completed Records Request Form.

St. Alphonsus Catholic School

Acceptable Use Policy for the School District's Internet and other Electronic Communication Devices

Computers are used to support learning and to enhance the school district's instructional program. Computer networks and other electronic communication devices allow individuals to interact with many computers along with accessing information. The Internet, a network of networks, allows people to interact with hundreds of thousands of networks and computers from all over the world. It is general policy that all computers used through the school district's electronic communication devices are used in a responsible, efficient, ethical and legal manner. Because access to the Internet provides connections to other computer systems located all over the world, users (school district employees and students) must understand that neither the St Alphonsus Elementary nor any school district employee controls the content of the information available on the Internet or any other electronic communication device. Some of the aforementioned information is controversial and sometimes offensive. Thus, St. Alphonsus Elementary Catholic School does not condone or endorse such materials.

Internet usage will be monitored closely by the teacher. Students will be given several assignments in using the Internet. The use of the Internet is a Privilege, not a right and inappropriate use will result in cancellation of the student's classroom Internet privileges. The student will be allowed to complete remaining Internet assignments using alternative software.

Please review the rules listed below and discuss them with your son/daughter.

A responsible user may use the Internet to (1) research class assignments and projects, (2) send electronic mail (e-mail) to other users, and (3) explore other computer systems.

A responsible user may NOT (1) use the Internet for any illegal purposes; (2) use chat rooms; (3) supply personal data (name, age, social security number, address, etc.) about herself/himself when using the Internet, unless authorized by teacher; use impolite transmission of pornographic materials; (5) change computer files that do not belong to the user; (6) send or receive copyrighted material without permission, nor (7) share his/her password with anyone.

By signing the acceptable use policy agreement, you acknowledge that you (1) understand the school district's policies pertaining to the use of the Internet and other electronic communication devices, (2) realize that if any aspect of the policy is violated, your use of the aforementioned electronic communication devices will be canceled, and (3) understand that there will be NO second chances.



STUDENT SIGNATURE AND PARENTAL/GUARDIAN CONSENT FORM

Name of Student: _____ Grade: _____

____ I request that the administration and faculty of St. Alphonsus allow my child to use the Internet while at school. My child will follow the instructions outlined by each of his/her teachers, or other staff members.

____ I would prefer that my child NOT use the Internet while at school.

Parent/Guardian Name: (PRINT) _____

Parent/Guardian Signature: _____

Student Name: (Print) _____

Student Signature: _____

Today's Date: _____

Your child will NOT be allowed to use a computer at school until this form is returned to school.

Emergency Information
2010 - 2011

Student Name: _____ Grade: _____

Student Social Security Number: _____ Home Phone: _____

Mailing Address: _____

911 Address: _____

Any known allergies or special circumstances pertaining to your child: _____

Where can you be reached during the day if not at home?

Mother: _____ Phone: _____

Father: _____ Phone: _____

Cell Phones:

Mother: _____ Father: _____

Please list three people you would trust to assume temporary care of your child if you cannot be reached:

Name	Phone	Cell Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

In case of serious illness, I request St. Alphonsus to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated below and to follow his instructions. If it is impossible to contact this physician, the school may make whatever arrangements are necessary.

Local Physician's Name _____

Phone Number _____

Signature of Parent/Guardian _____

Date: _____

School Reach Calls and Emails

Communication with our Parents !!!

Getting vital information out to everyone!!!

Making sure that All Parents know what is going on at our school—

That is why we have invested in School Reach.

It is very important that all our parents be as informed as possible. However this program is only as good as the information that is keyed into it. We need to know how to reach you if your child is sick, or school is cancelled because of bad weather or if circumstances arise and we have to close early. This information will help us to contact you so you can pick up your child. Phone calls and emails are essential tools of communication. Mrs. Mabile sends out school newsletters and information *through email only.*

You must have an email address and you must check it regularly.

Please make sure this information stays current.

ANOTHER GREAT COMMUNICATION TOOL! FACEBOOK!!

You can become our friend/fan on face book!

We will post upcoming information and other events as well.

You can also subscribe to have updates sent directly to your cell phone.

Primary Daytime

Phone Number: _____

Secondary Daytime

Phone Number: _____

Primary Evening

Phone Number: _____

Secondary Evening

Phone Number: _____

Primary

Cell Phone: _____

Secondary

Cell Phone: _____

Primary

E mail address: _____

Secondary

E mail address: _____

Please fill out this form and keep the information updated.

If you get a new e-mail address or change your phone number it is your responsibility to get that information to the school office.