



ST. ELIZABETH ANN SETON CATHOLIC SCHOOL

Student Re-registration Form

Complete one form per child

<u>Child's Name</u>	SCHOOL YEAR:
Last: _____ First: _____	GRADE:

Father/ Guardian

Last: _____ First: _____ Cell Ph.: (____) _____ - _____

Employer:

_____ Bus. Phone: (____) _____ - _____

Mother/ Guardian

Last: _____ First: _____ Cell Ph.: (____) _____ - _____

Employer:

_____ Bus. Phone: (____) _____ - _____

Please complete the following information ONLY if there have been any changes:

Family Information

Preferred Title on mail: Mr. & Mrs.; Dr. & Mrs.; etc _____ Home Language: _____

Home Address _____

Street City State Zip

Phone: (____) _____ - _____ Email Address: _____

Email address may be shared for school and diocesan information (Yes/No) _____

Child/Children Lives with: Both Father Mother Shared Custody *Other _____ *Custody Papers Required

Emergency Name:

_____ Relationship: _____ Phone: (____) _____ - _____

Alternate Emergency Name:

_____ Relationship: _____ Phone: (____) _____ - _____

The following people may pick up my child:

_____ Phone _____

_____ Phone _____

_____ Phone _____

If the student's medical information has changed, please contact the school to update the information.

Authorization for Emergency Care

In case of accident or serious illness and the school is unable to reach a parent/guardian, I hereby authorize the school to contact the physician indicated on the emergency card and to follow their instructions. If it is impossible to contact this physician, the school may make whatever arrangements necessary to provide care and treatment for my child.

In case of an accident or serious illness where immediate treatment of my child is not indicated, but where he/she is unable to remain at the school, the school will contact a parent/guardian to arrange transportation for my child. If the school is unable to reach a parent or guardian, I authorize the school to contact one of the persons listed on the emergency card and request them to come to the school and transport my child.

Medication Policy

No medication (including inhalers) may be given to a child by any staff member of the school unless a separate Medication Authorization Form is completed. This includes prescription and non-prescription medication. Before any medication can be administered, a statement from the physician or parent concerning the medicine, the dosage and time administered, must be on file at the school. All medicines are to be sent to the school office and clearly labeled. No student may have any medicine on his or her person or in his or her belongings at any time. (Inhalers and Epi pens may be carried by a student with *proper authorization.*)

General Release of Liability

The undersigned hereby releases and forever discharges St. Elizabeth Ann Seton Catholic School, their officers, agents and employees, from all claims and demands, rights and causes of action of any kind the undersigned now has or hereafter may have on account of or in any way arising from personal injuries known or unknown to the undersigned at the present time and property damage resulting or that results from any occurrence which may happen to our child (or legal ward), during his/her stay at St. Elizabeth Ann Seton Catholic School.

Parent Authorization

Please initial each appropriate box and sign accordingly.

Initial:

___ **1. Parent/ Teacher Handbook**

I agree to read the student handbook and will support the policies as described, including but not limited to school discipline code, conduct policies and sport rules.

___ **2. Diocese of St. Augustine Photo/Video Permission**

I understand that during the course of the year videos and pictures may be taken of the St. Elizabeth Ann Seton Catholic School students. These pictures may be used for school use only.

___ **I do** give consent for videos and pictures of my child for school use only.

___ **I do not** give consent for videos and pictures of my child for school use only.

___ **3. School Directory**

___ **I wish to be included in the school directory.**

___ **I do not wish to be included in the school directory.**

___ **4. Diocese of St. Augustine Volunteer Requirements**

The Diocese of St. Augustine requires that all volunteers must be fingerprinted, have background clearance, and have taken Protecting God's Children Program. There are no exceptions.

___ **5. Financial Responsibility**

I assume the total financial responsibility of tuition and fees for the school year and understand that all tuition and fees paid are non-refundable. I agree to pay tuition according to the published schedule for the school year. Payments must be made in order to maintain student status. **If tuition and other finances are not current, the school policy is to withhold the student's report card until financial arrangements are made. If tuition is not up to date at the end of the year, final grades and school records will not be transferred to another school.**

*"All information provided by the family for this student will be protected by the school personnel who will use it only for the benefit of the student entrusted to the school. It will be shared **only** with appropriate emergency medical or law enforcement personnel if the school administration deems it necessary."*

Parent Signature _____ Date _____