



STUDENT INFORMATION FORM



Last Name _____ First Name _____

D.O.B _____ Phone # _____ Grade _____

Religion _____ Parish (if Catholic) _____

Address _____ City _____ State _____ Zip _____

Race _____ Ethnicity _____ Language(s) spoken in the home _____

Child lives with _____ Marital Status of Parents/Guardians _____

Information on Primary Guardian #1

Last Name _____ First Name _____

Home # _____ Cell # _____ Work # _____

Religion _____ Parish (if Catholic) _____

Race _____ Ethnicity _____ Email _____

Information on Primary Guardian #2

Last Name _____ First Name _____

Home # _____ Cell # _____ Work # _____

Religion _____ Parish (if Catholic) _____

Race _____ Ethnicity _____ Email _____

Information on Secondary Guardian #1

Last Name _____ First Name _____

Home # _____ Cell # _____ Work # _____

Religion _____ Parish (if Catholic) _____

Race _____ Ethnicity _____ Email _____

Information on Secondary Guardian #2

Last Name _____ First Name _____

Home # _____ Cell # _____ Work # _____

Religion _____ Parish (if Catholic) _____

Race _____ Ethnicity _____ Email _____

Emergency Contacts *(to be used only if parents/guardians are unavailable)*

First Name _____ Last Name _____

Relationship to student _____ Phone # _____

First Name _____ Last Name _____

Relationship to student _____ Phone # _____

AFTER SCHOOL CARE REGISTRATION FORM

Name of parent(s) _____

Name of children to be enrolled in After School Care

Grade

Check below to indicate frequency of attendance

Will usually attend every M T W TH F

After School Care Fees

After School Care is provided each school day from 2:40PM until 6:00PM for children in Kindergarten through Grade 6. The fees for After School Care are as follows:

	One Child	Two Children	Three Children
Registration Fee	\$15.00	\$20.00	\$25.00
Fee Per Day	\$9.00	\$16.00	\$21.00

The fee for children who leave by 3:30 PM is \$3.00 per day per child. This includes students who participate in Art Lessons, Athletic Activities, Youth Activities, etc.

All Students must be picked up by 6:00 PM. If a family misses the 6:00 PM pickup, a letter will be sent home and a \$1.00 per minute fine will be charged.

Statements indicating the amount due for the two previous weeks will be sent home in the Wednesday folder every other week. The amount listed is to be paid by the following Friday. All accounts must be current.

REQUEST FOR VOLUNTEER HELP

Volunteers for the cafeteria are being requested for next school year. Cafeteria help is needed from 10:30 AM – 12:30 PM. Because of the advantage of having some consistency, it would be good to have the same person work on a given weekday every week for one or more quarters of the year. If you wish to volunteer in the cafeteria, please check the space or spaces below to indicate when you would be available. Based on the responses, a schedule will be prepared, and you will be contacted toward the beginning of each quarter. Please remember that all volunteers must complete the Safe and Sacred training provided by the Archdiocese of Indianapolis.

CAFETERIA HELP 10:30 AM – 12:30 PM

	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

Name _____

Home Phone _____

Cell Phone _____

FORM FOR STUDENT WALKERS

On the lines below, write the names of your children who will be walking home from school each day. In the space below the names, indicate the address to which the children will be walking. **Students may not be picked up in the front of school, if they are not a walker. Students may not walk to Williams Drive and then be picked up by a parent/guardian. These students must be picked up in the car lines.**

Name of Student

Grade

Name of Student

Grade

Name of Student

Grade

Name of Student

Grade

Address to place walking

Signature of Parent

FINANCIAL POLICY AGREEMENT

[Please click this link to review our Financial Policy.](#)

Please sign this agreement and return this page to the school office. Please retain a copy of the Financial Agreement Policy for your personal records.

I have read the Financial Policy Agreement and agree to abide by the guidelines set forth herein.

Family name (please print) _____

Parent Signature(s) _____

Date _____

CHIRP RELEASE

I give St. Anthony School permission to release the following information concerning my child(ren) to the Indiana State Department of Health's Children and Hoosiers Immunization Registry Program (CHIRP):

Child's Name, Date of Birth, State Mandated Immunization & Health Records

I understand that the information in the registry may be used to verify that my child has received proper immunizations and to inform me or my child of my child's immunization status or that an immunization is due according to recommended immunization schedules.

I understand that my child's information may be available to the immunization data registry of another state, a healthcare provider or a provider's designee, a local health department, an elementary or secondary school, a child care center, the office of Medicaid policy and planning or a contractor of the office of Medicaid policy and planning, a licensed child placing agency, and a college or university. I also understand that other entities may be added to this list through amendment to I.C. 16-38-5-3.

I hereby consent to the release of such information.

Signature

Date

Printed Name of Parent or Guardian

Telephone Number

Address

Child's Name

Grade Level

Child's Name

Grade Level

Child's Name

Grade Level

Child's Name

Grade Level

MEDIA RELEASE

St. Anthony School would like permission to display photographs, images, and the creative work of its students for the promotion of the school through such materials as pamphlets, brochures, newsletters, flyers, and the St. Anthony School Website. As well as promotional materials, this will also allow student achievement to be highlighted for parents and others to appreciate. St. Anthony School is proud of its students and recognizes that they represent the best that our school has to offer. As such, authorization to use your child's creative writings, drawings, images, photographs, and other materials is requested.

The following guidelines and conditions will be adhered to by the school in regards to the works and photographs of all St. Anthony students.

- Works and photos will not be given to any other organization without obtaining additional permission from the student and the parent.
- Only a student's first name and grade will be listed for photos placed on the St. Anthony School website.
- We would like to have everyone's permission, but if for some reason you wish for your child's work and photo to be left out of promotional publications, the school will act in good faith to assure your wishes are adhered to.

I hereby give St. Anthony School permission to use the photographs and creative works of the minors listed below for publicities, promotions, news releases, videos, and web applications distributed by St. Anthony School.

I have read the above information and explanation, and agree with the intent of this release form.

Child's Name

Child's Name

Child's Name

Child's Name

Parent Signature

Printed Name of Parent or Guardian

Date

St. Anthony School Handbook

[Please click this link to review our school handbook.](#)

It is extremely important that every family go to the school website and read the school handbook. All parents and students should read the handbook which includes all our policies and procedures for the school. If you would prefer a hard copy, please contact the school office and one will be sent home.

By signing below, I attest that I have read the School Handbook and I agree to follow the school policies and procedures.

Family Name

Signature of Parent or Guardian

Date