



St. Alphonsus Catholic School
Application for Enrollment Form 2012 - 2013

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

***Please read the school handbook before completing this application and enrolling your child.**

FOR SCHOOL USE ONLY:

Application Date: _____

Acceptance Date: _____

Enrollment Date: _____

Withdrawal Date: _____

School Official Signature: _____

FILL OUT ALL INFORMATION

Child's Full Name: _____ Age: _____

Elementary: Entering Grade: _____ After School - yes / no (circle one)

Preschool: Entering Age/Class: _____ Teacher: _____ All Day _____ Half Day _____

**A "Form 121" (Immunization Record) is on file before the child attends class _____ Yes _____ No **

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): _____

Email 1: _____

Email 2: _____

Child's Home Phone: _____ * Child's Social Security: _____

Mom cell: _____ Dad cell: _____

Child's Date of Birth: _____ Race: _____ Sex: _____ Religion: _____

Church Student Attends: _____ CATHOLIC: _____ YES _____ NO

What school district do you reside in: _____

Mother's work phone: _____ & place of employment _____

Father's work phone: _____ & place of employment _____

REGISTRATION FEES AND MAINTENANCE FEES ARE NON - REFUNDABLE

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
5. I have read the handbook on the school's website. ___ Yes ___ No
(You can request a paper copy of the handbook in the office.)

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

1. I have read the MSDH Regulation Summary in the handbook on the School's website. ___ Yes ___ No
2. My child is toilet trained. ___ Yes ___ No
3. I understand that St Alphonsus Catholic School DOES NOT give medications. ___ Yes ___ No

(Office use only)

K – 8	Meals Needed	Preschool
Breakfast Lunch	(Circle)	Breakfast Lunch PM Snack

REGISTRATION FEES AND MAINTENANCE FEES ARE NON – REFUNDABLE

How did you hear about our school?: (Circle One)

Website Church Billboard Family Friends Other: _____
Name of Family that referred you: _____

Parent Signature

Date

EMERGENCY & PICK-UP LIST 2012 - 2013
(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
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Name	Phone Number	Relationship to child
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Name	Phone Number	Relationship to child
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Name	Phone Number	Relationship to child
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Name	Phone Number	Relationship to child
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Name	Phone Number	Relationship to child
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Name	Phone Number	Relationship to child
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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.
 - d. Elementary/MS transfer performance/behavior survey
 - e. K-8 enrollment application questions

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.

School Reach Calls and Emails

Communication with our Parents!!!

Getting vital information out to everyone!!!

We use the School Reach program to make sure parents get updated and vital information pertaining to the school.

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. 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!



Students Name: _____ Grade: _____

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.