

STUDENT INFORMATION RECORD

ST. MARY SCHOOL

M- T- W- TH- F	AM
M- T- W- TH- F	PM

GENERAL INFORMATION

STUDENT NAME - LAST, FIRST MIDDLE	SEX	BIRTH DATE	HOME PHONE

STUDENT ADDRESS	DISTRICT OF RESIDENCE	BIRTH CITY /STATE
<p>Street Address (Required)</p> <p>Apt.# PO Box</p> <p>City State Zip</p>	<p>Pinckney Community Schools</p> <p>Please Note: If your district is not Pinckney, please enter the name of your school district:</p>	<p>Baptism Y N</p> <p>Church Name</p> <p>City State</p>

PARENT INFORMATION (PLEASE SUPPLY FULL NAME)

MOTHER/GUARDIAN	Lives with Student?	Y	N	FATHER/GUARDIAN	Lives with Student?	Y	N
Name				Name			
Address (if different from student)				Address (if different from student)			
Home Phone ()				Home Phone ()			
Cell Phone ()				Cell Phone ()			
Work Phone ()				Work Phone ()			
E-Mail				E-Mail			
Employer				Employer			

BROTHERS/SISTERS

NAME AND AGE	NAME AND AGE	NAME AND AGE

CONTACT INFORMATION - In addition to the parent(s) guardians(s) listed above, the school will only release your child to the following listed contacts.

CONTACT	RELATION	PHONE	ADDRESS

Student Name _____

RACE AND ETHNICITY PLEASE NOTE: The following questions are required by the U.S. Dept. of Education. Both parts A and B **MUST** be completed.

Part A: Is the student Hispanic/Latino? (Choose only one)

- ☐ No, not Hispanic/Latino
☐ Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto/Rican, South or Central America, or other Spanish culture or origin, regardless of race.)

The above part of the question is about ethnicity, not race. No matter which box you selected above, **please continue to answer the following** by marking one or more boxes to indicate what you consider your student's race to be.

Part B: What is the student race? (Choose one or more)

- ☐ **American Indian or Alaska Native** (A person having origins in any of the original peoples of North or South America, including Central America.)
☐ **Asian** (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.)
☐ **Black or African American** (A person having origins in any of the black racial groups of Africa.)
☐ **Native Hawaiian or Other Pacific Islander** (A person having origins in any of the original people of Hawaii, Guam, Samoa or other Pacific Islands.)
☐ **White** (A person having origins in any of the original peoples of Europe, the Middle East or North Africa.)

LANGUAGE – Is your child's native tongue a language other than English? ☐ Yes ☐ No

Is a language other than English spoken at home? ☐ Yes ☐ No

If yes, what is the language? _____

HEALTH ALERTS – Is your child being treated for any of the following?

AILMENT/CONDITION	√	AILMENT/CONDITION	√
Allergy – Bee Sting		Asthma	
Allergy – FOOD – Dairy		Cardiac	
Allergy – FOOD – Peanuts Nuts		Depression Anxiety	
Allergy – FOOD – Other		Diabetes	
Allergy – MEDICATION – Penicillin		Epilepsy	
Allergy – MEDICATION – Sulfa		Blood Pressure – High Low	
Allergy – MEDICATION – Other		Hypoglycemia	
Allergy – Other		Migraine	
ADD ADHD		Other	

If you checked any of the above ailments/conditions: Is your child given medication at home for this ailment/condition? Yes ☐ No ☐

IF YES, please give the name and possible side effects of the medications: _____

Is your child to be given medication at school? Yes ☐ No ☐ **** **SHOULD YOUR CHILD NEED TO TAKE MEDICATION AT SCHOOL OR HAVE MEDICATION AVAILABLE FOR PARTICULAR SITUATIONS, A SIGNED MEDICATION AUTHORIZATION FORM MUST BE ON FILE IN THE SCHOOL OFFICE. FORMS ARE AVAILABLE FROM THE SCHOOL OFFICE. ******

Please list other medical information including disabilities of which the school should be aware:

PARENT/GUARDIAN SIGNATURE – I have read/acknowledge the information on this form. If the school personnel are unable to reach me or a person whom I have designated I hereby authorize them to secure emergency medical treatment as necessary. I agree to pay all expenses incurred by the emergency care.

Parent/Guardian Signature

SAINT MARY SCHOOL

2020-2021 TUITION AND FEE RATES

St. Mary School Parish Families

<u>Number of Children</u>	<u>Tuition</u>
1 Child (K-8)	\$ 4,700.00
2 Children (K-8)	\$ 7,150.00
3 Children (K-8)	\$ 9,350.00
4 Children (K-8)	\$ 10,475.00

Deposit - \$100.00 per student is due at registration

Supervision Fee - \$150.00 per family is due at registration

Auction Fee - \$ 100.00 per family is due at registration

**Deposit, Supervision and Auction Fees are
NON-REFUNDABLE**

St. Mary School Non-Parish Families

<u>Number of Children</u>	<u>Tuition</u>
1 Child (K-8)	\$ 6,250.00
2 Children (K-8)	\$11,100.00
3 Children (K-8)	\$15,700.00

Deposit - \$100.00 per student is due at registration

Supervision Fee - \$ 150.00 per family is due at registration

Auction Fee - \$ 100.00 per family is due at registration

**Deposit, Supervision and Auction Fees are
NON-REFUNDABLE**

ST. MARY SCHOOL

FAMILY REGISTRATION/TUITION CONTRACT 2020-2021

FAMILY INFORMATION: PLEASE PRINT NEATLY

FAMILY LAST NAME _____

ADDRESS _____ CITY _____ ZIP _____

EMAIL ADDRESS (MOM) _____ (DAD) _____

Tuition is the main source of educational program funding at St. Mary School. Tuition payments are payable to SMART Tuition due the 1st or 15th of each month so that payroll and instructional obligations can be met on time. Payment options are: 1 payment (June), 2 payments (June & Dec.), 4 payments (June, Sept., Dec. & March) and 12 monthly payments (June – May).

TUITION for 2020-2021

Check the appropriate tuition level, based on the guidelines found below.

	IN PARISH	NON CATHOLIC FAMILY
Number of Children		
1	<input type="checkbox"/> \$ 4,700.00	<input type="checkbox"/> \$ 6,250.00
2	<input type="checkbox"/> \$ 7,150.00	<input type="checkbox"/> \$11,100.00
3	<input type="checkbox"/> \$ 9,350.00	<input type="checkbox"/> \$15,700.00

ALSO NOTE: The following fees are due with registration: ☐ \$100.00 registration fee per student
☐ \$100.00 auction fee per family ☐ \$150.00 supervision fee per family

FEES ARE NON-REFUNDABLE

- A. The tuition has been calculated considering a school calendar year. Days off due to vacation days, sick days, and any "Act of God" days do not change the monthly payment. If you remove your child after a quarter begins (4 quarters in school year) you are responsible for payment through that quarter.
- B. Families qualify for the parish rate by being active members of St. Mary Parish or another Catholic parish. An active parish member meets the following criteria established by our finance team:
- One or both parents are practicing Catholic(s).
 - The family is registered in St. Mary Parish or another Catholic parish.
 - It is highly encouraged families contribute to the financial support of the parish with a contribution of 5% of your gross income.
 - Family registered in another parish must provide a written letter from their parish stating they are an active member.
 - *Families are required to donate time/talents to the yearly Auction aside from the above fee. A suggestion of a minimum of 10 hours is suggested.*
- C. All families are required to sell or purchase \$500.00 of raffle tickets for the annual St. Mary School raffle. \$500.00 and the return of the ticket stubs are due on or before **November 30, 2020.**

Parent /Guardian Signature _____ Date _____

I agree to accept the policies, rules and regulations of St. Mary School as well as all terms contained in this contract and the payment schedule set forth herein.

SMART TUITION GENERAL ENROLLMENT INSTRUCTIONS

St. Mary School has partnered with Smart Tuition to service your child's tuition account. To enroll online, please follow the instructions below:

1. ONLINE ENROLLMENT

Visit: www.enrollwithsmart.com

1. WELCOME TO ENROLL WITH SMART

Click on the blue box, Create a New Account.

2. FIND YOUR SCHOOL

Enter your school's name in the search box or use school ID# 11536. Make your selection by clicking the green circle.

3. SECTION 1 – WHO WILL PAY?

Enter the parent, guardian, or bill payer's contact information. Please provide your telephone number and email address as Smart Tuition regularly communicates important information about your account via telephone and email.

4. SECTION 2 – WHO WILL ATTEND?

Enter the names and grades of the children who will attend the school. If you already have a child in this school with a Smart Tuition account, simply add any additional children to your existing account by going to enrollwithsmart.com and enter your current account information under I Have A Smart Account.

5. SECTION 3 – HOW & WHEN TO PAY?

Review the payment plans offered by your school and choose one. The payment plans listed are selected by your school and cannot be changed by Smart Tuition. Select your preferred payment method and due date from the options offered by your school.

6. SECTION 4 – SUBMIT

Review Smart Tuition's terms and conditions. Click SUBMIT ENROLLMENT to complete your online enrollment.

REGISTRATION APPLICATION SUCCESSFUL

You will receive a confirmation page with your Smart Tuition Family ID. Your school will then review your enrollment, and once complete, you will receive confirmation from Smart Tuition.

ACCOUNT ACTIVATION

Once your school has reviewed and activated your account, you will receive an email with login instructions.

To view your balance, make payments, update your personal information, or chat with a live representative, access your Smart Tuition account at parent.smarttuition.com.

The Smart Tuition program manages tuition payments and follows the policies established at the school. Decisions regarding tuition amounts, tuition aid, scholarships, and all other tuition related items are made by your school.

We look forward to working with you and your family this year! Our Parent Contact Center is available 24 hours per day. Families can access their accounts to check balances and make payments. Call us at (888) 868-8828.



SMART TUITION™

St. Mary School
10601 Dexter-Pinckney Road
Pinckney, MI 48169
734-878-5616

Request for Student Records

Name of Child _____ Birthdate _____ Grade _____

Entered St. Mary School on _____

From: _____

Address: _____

Phone: _____

Fax: _____

Please send cumulative records to: St. Mary School

10601 Dexter-Pinckney Road

Pinckney, MI 48169

Parental Consent to Release Records

I hereby authorize _____ school to release my child's file to the above specified agency or person including all special education documents, IEPC forms, etc.

Parent/Guardian Signature

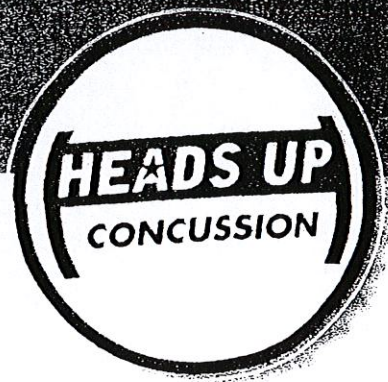
Date



PARENT & ATHLETE CONCUSSION INFORMATION SHEET


WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head or body that causes the head and brain to move quickly back and forth. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious.



WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury.

 If an athlete reports one or more symptoms of concussion after a bump, blow, or jolt to the head or body, s/he should be kept out of play the day of the injury. The athlete should only return to play with permission from a health care professional experienced in evaluating for concussion.

SYMPTOMS REPORTED BY ATHLETE:

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just not "feeling right" or is "feeling down"

DID YOU KNOW?

- Most concussions occur without loss of consciousness.
- Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion.
- Young children and teens are more likely to get a concussion and take longer to recover than adults.

SIGNS OBSERVED BY COACHING STAFF:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes
- Can't recall events prior to hit or fall
- Can't recall events after hit or fall

**"IT'S BETTER TO
MISS ONE GAME THAN THE WHOLE
SEASON"**

CONCUSSION DANGER SIGNS

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously)

WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?

1. If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.
2. Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, and playing video games, may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.
3. Remember: Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. They can even be fatal.

STUDENT-ATHLETE NAME PRINTED

STUDENT-ATHLETE NAME SIGNED

DATE

PARENT OR GUARDIAN NAME PRINTED

PARENT OR GUARDIAN NAME SIGNED

DATE

JOIN THE CONVERSATION → www.facebook.com/CDCHeadsUp

HEADS UP

TO LEARN MORE GO TO

Content Source: CDC's Heads Up Program. Created through a grant to the CDC Foundation from the National Operating Committee on Standards for Athletic Equipment (NOCSAE)



PHOTO RELEASE

____ Yes, I hereby grant St. Mary Catholic School, their legal representative, or those for whom they are acting, the absolute right and permission to copyright and use photographic portraits or pictures of my child for display during the **2020/2021** school year. Photos may be used for marketing purposes such as in the church bulletin, displays, diocesan or school websites, FAITH magazine, etc.

I hereby waive any right I may have to inspect or approve the finished product or products.

I hereby release St. Mary Catholic School, their representative, or those for whom they are acting, from any liability for any violation of any personal or proprietary right I may have in connection with the use of the above stated images.

I state further that I have the above authorization, release and agreement and that I am fully familiar with its contents.

____ No, I decline to have my child's photograph displayed; however, I do allow my child to be in unidentified group pictures with no names mentioned, such as pictures displayed for Catholic Schools Week.

Printed Name of Child: _____ Grade _____

Printed Name of Parent or Guardian: _____

Street Address: _____

City: _____ State _____ Zip Code: _____

Phone: _____

Signature of Parent or Guardian: _____ Date: _____

ST. MARY SCHOOL

Consent for Disclosure of Immunization Information to Local and State Health Departments

Immunizations are an important part of keeping our children healthy. Schools and State and Local health departments must monitor immunization levels to ensure that all communities are protected from potentially life-threatening diseases and, if necessary, respond promptly to an emerging public health threat. It is important that disease threats be minimized through the monitoring of students being immunized.

Sharing immunization and personally identifiable information including the students name, Date of Birth, gender, and address with local and state health departments will help to keep your child safe from vaccine preventable diseases. The Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. § 1232g, requires written parental consent before personally identifiable information from your child's education records is disclosed to the health department. If your child is 18 or over, he or she is an "eligible student" and must provide consent for disclosures of information from his or her education records.

You may withdraw your consent to share this information in writing at any time.

I authorize ST. MARY SCHOOL to release my child's immunization record to the Michigan Department of Health and Human Services and Local Health Department. I understand this information will be used to improve the quality and timeliness of immunization services and to help schools comply with Michigan Law. This includes any immunization information and limited personally identifiable information from the school.

Student's Name: _____ Date of Birth: ____/____/____

Signature of Parent/Guardian
or Eligible Student: _____ Date: ____/____/____

Printed Parent/Guardian Name: _____

VOLUNTEER BACKGROUND CHECK
Acknowledgment Form

Nonemployment Background Checks Only

Service to provide: ST. MARY SCHOOL Date to Provide Service: 2020-2021

In order to ensure the protection of children in the care of St. Mary Catholic School, school policy requires, prior to any and all persons providing a volunteer service at the school or for any function conducted by the school; all potential volunteers complete a State of Michigan ICHAT background check. **If ICHAT, the background check is a name check only, through the State of Michigan ICHAT system, and is based on individual identifiers.** Any applicant declining to complete a "Volunteer Background Check" acknowledgment form will not be considered.

POTENTIAL VOLUNTEER INFORMATION

Full Printed Name: _____
Maiden name or other name(s) previously used: _____
DOB: _____ Sex: _____ Eye Color: _____ Hair Color: _____ Height: _____
[mm/dd/yyyy]

HISTORY INFORMATION

- 1) Have you volunteered at St. Mary Cathloic School before? ☐ Yes ☐ No
- 2) Have you ever pled guilty, or been convicted of a felony in a state or federal court?
☐ Yes ☐ No
Date and state offense/conviction occurred: _____
If yes, provide a detailed description of the conviction: _____

- 3) Have you ever pled guilty, or been convicted of a misdemeanor in a state or federal court?
☐ Yes ☐ No
Date and state offense/misdemeanor occurred: _____
If yes, provide a detailed description of the conviction: _____

- 4) Are you the subject of a current criminal investigation or have pending charges against you?
☐ Yes ☐ No
Date and state the investigation is ongoing: _____
If yes, provide a detailed description of the investigation or pending charges: _____

St. Mary Catholic School
1-10-20

St. Mary Cathloic School reserves the right to "approve" or "deny" any volunteer service upon review of the background check returned. The determination will be based upon the individual's fitness to have responsibility for the safety and wellbeing of children. Providing false information, or information contradicting to the background check information, is grounds for immediate volunteer denial.

By affixing your signature to this form you acknowledge your statements are to be true and give full consent to complete the requested background check.

Signature: _____

Date Signed: _____

Please return completed form to St. Mary Catholic School/Veronica Kinsey. Questions or concerns, please contact Veronica Kinsey- Principal: mrskinsey@stmarypinckney.org.

OFFICE USE ONLY

Approved ☐ Denied ☐ Date Approved/Denied _____ Determining Staff Member (initials) _____