

## STUDENT INFORMATION RECORD

## ST. MARY SCHOOL

## GENERAL INFORMATION

STUDENT NAME - LAST, FIRST MIDDLE	SEX	BIRTH DATE	<b>STUDENT GRADE 2021-2022</b>

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

## PARENT INFORMATION (PLEASE SUPPLY FULL NAME)

<b>MOTHER/GUARDIAN</b> Lives with Student? Y N	<b>FATHER/GUARDIAN</b> 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

For Office Use Only

ENTRY DATE	STUDENT ID	CURRENT GRADE

**Student Name** \_\_\_\_\_

**RACE AND ETHNICITY:** PLEASE NOTE: The following questions are required by the U.S. Department 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?

<b>AILMENT/CONDITION</b>	<input type="checkbox"/>	<b>AILMENT/CONDITION</b>	<input type="checkbox"/>
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

\_\_\_\_\_  
Date



# ST. MARY SCHOOL

## FAMILY REGISTRATION/TUITION CONTRACT 2021-2022

FAMILY LAST NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL ADDRESS (MOM) \_\_\_\_\_ (DAD) \_\_\_\_\_

**Tuition is the main source of educational program funding at St. Mary School.**

**Check the appropriate tuition payment details below.**

**Monthly Tuition Payment Due Dates:** 1<sup>st</sup> \_\_\_\_\_ -or- 15<sup>th</sup> \_\_\_\_\_ of the month

**Payment Options:** One (1) payment: June \_\_\_\_\_ Two (2 ) payments: June & December \_\_\_\_\_

Four (4 ) payments: June, Sept., Dec. ,March \_\_\_\_\_ Twelve (12) monthly payments: June – May \_\_\_\_\_

	IN PARISH	NON CATHOLIC FAMILY
<b>Number of Children</b>		
1	<input type="checkbox"/> \$ 4,850.00	<input type="checkbox"/> \$ 6,440.00
2	<input type="checkbox"/> \$ 7,365.00	<input type="checkbox"/> \$11,430.00
3	<input type="checkbox"/> \$ 9,630.00	<input type="checkbox"/> \$16,170.00

**Fees: FEES ARE NON-REFUNDABLE**

\$100.00 Tuition Deposit Fee (Per Child) **DUE AT REGISTRATION**

\$100.00 Events Fee (Per Family)

\$150.00 Supervision Fee (Per Family)

**Annual School Raffle:** All families are required to sell or purchase \$500.00 of raffle tickets for the annual St. Mary School raffle. Tickets will be distributed in October and due on or before **November 30, 2021.**

- 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 events aside from the above fee. A minimum of 10 hours is suggested.

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.



## 2021 – 2022 TUITION AND FEE RATES

### St. Mary School Parish Families

<u>Number of Children</u>	<u>Tuition</u>
1 Child (K-8)	\$ 4,850.00
2 Children (K-8)	\$ 7,365.00
3 Children (K-8)	\$ 9,630.00
4 Children (K-8)	\$ 10,790.00

**Tuition Deposit** - \$100.00 per student is due at registration

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

**Events Fee** - \$ 100.00 per family is due at registration

**Tuition Deposit, Supervision and Events Fees are  
NON-REFUNDABLE**

### St. Mary School Non-Parish Families

<u>Number of Children</u>	<u>Tuition</u>
1 Child (K-8)	\$ 6,440.00
2 Children (K-8)	\$11,430.00
3 Children (K-8)	\$16,170.00

**Tuition Deposit** - \$100.00 per student is due at registration

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

**Events Fee** - \$ 100.00 per family is due at registration

**Tuition Deposit, Supervision and Events Fees are  
NON-REFUNDABLE**

*Mission Statement: We partner with parents providing a Catholic school rooted in the gospel teachings of Jesus Christ, modeled by Mary our mother, encouraging a virtuous life following the Catholic faith and pursuing excellence.*





## Tuition Management

<https://online.factsmgt.com/signin/3YJ8Z>

FACTS provides flexible payment plan options to families at private and faith-based schools. Families can budget their tuition, making private school more accessible and affordable. Our process is simple, convenient, and secure.

To set up your FACTS agreement, visit your school's website and locate the FACTS link, or go to <https://online.factsmgt.com>

### FACTS CONFIRMATION NOTICE

Once your information is received and processed by FACTS, you will receive a confirmation notice. This notice will confirm your payment plan information. Please check this information for accuracy, and contact your school or FACTS with any discrepancies.

### Frequently Asked Questions

- **Is my information secure?**  
Yes. Your personal information, including payment information, is protected with the highest security standards in the industry. For more information on security, visit [FACTSmgt.com/Security-Compliance](https://factsmgt.com/Security-Compliance).
- **When will my payments be due?**  
Your payment schedule is set by your school, and your financial institution will decide the time of day your payments are processed.
- **What happens when my payment falls on a weekend or a holiday?**  
Your payment will be processed on the next business day.
- **What happens if a payment is returned?**  
Returned payments may be subject to a FACTS returned payment fee. Watch for a returned payment notice for additional information.
- **How do I make changes once my agreement is on the FACTS system?**  
Changes to your address, phone number, email address, or banking information can be made at [Online.FACTSmgt.com](https://Online.FACTSmgt.com) or by contacting your school or FACTS. Any changes to payment dates or amounts need to be approved by the school and the school will then need to notify FACTS. **All changes must be received by FACTS at least two business days prior to the automatic payment date in order to affect the upcoming payment.**
- **What is the cost to set up a payment plan?**  
If an enrollment fee is due, the amount of the fee is indicated when setting up your agreement. If applicable, the nonrefundable FACTS enrollment fee will be automatically processed within 14 days of the agreement being posted to the FACTS system.

### FACTS CUSTOMER SERVICE

We are committed to doing all we can to provide you with the highest quality customer service in the industry. Whether you want to view your account online or speak with one of our highly trained customer service representatives, FACTS is dedicated to serving you. **To view your payment plan details, log in to your FACTS account at [Online.FACTSmgt.com](https://Online.FACTSmgt.com). Customer Care Representatives are also available to assist you 24/7.**

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



Saint Mary Catholic School  
10601 Dexter Pinckney Road  
Pinckney, MI 48169  
734-878-5616

Dear Parents,

The following documents are **required for all students**. If your child was baptized at St. Mary, Pinckney please make note and we will obtain the records directly from the parish office.

\_\_\_\_\_ **Birth Certificate**

\_\_\_\_\_ **Baptismal Certificate**

\_\_\_\_\_ **Immunization Record**

\_\_\_\_\_ **Proof of Vision Screening (K – Only)**

Thank you for your assistance on this matter.

St. Mary School Office



## 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.

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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: \_\_\_\_\_



# We're Going Back to School



## 2021

# IMMUNIZATIONS

**Please call for an appointment:**

**517-546-9850**

**Please have your insurance information ready when scheduling.**

Face coverings are required when entering LCHD and measures are in place to ensure social distancing and safety among clients and staff.



**Livingston County Health Department  
2300 E. Grand River Ave., Suite 102  
Howell, MI 48843 (517) 546-9850**

# Immunization Waivers

## What School, Preschool and Daycare Staff need to know

### When do patients/families need to show proof of their child's immunization?

- Enrolling in - licensed child care, preschool, and Head Start
- Enrolling in - Kindergarten, 7th grade, and new students into the school district
- Includes public and private schools

### If a parent plans to vaccinate - Do not advise them to sign a waiver

- Urge the parent to schedule an immunization appointment for the child as soon as possible
- If the parent plans to vaccinate their child but cannot do so prior to the deadline, instruct the parents to let you (school staff) know when they have a scheduled appointment for vaccination

### Things to tell parents who chose to sign a waiver

- Child may be excluded from school during a disease outbreak - can be for weeks!
- If parents wish to sign a non-medical waiver, they must call the health department at (517) 546-9850 to schedule an appointment for waiver education
- Walk-in appointments are not available

## IMMUNIZATIONS PROTECT AGAINST DISEASE



### LIVINGSTON COUNTY HEALTH DEPARTMENT

2300 East Grand River Avenue, Suite 102

Howell, Michigan 48843-7578

**517-546-9850**

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# Vision Screening for September 2021 Kindergarten Entry

**The Livingston County Health Department**

is pleased to offer no-cost

**Vision Screening**

**For children entering kindergarten in fall 2021**

We currently offer **Vision Screening** every 2 weeks by **appointment**  
also

Special **Kindergarten** Vision Clinics by **appointment** on

**Wednesday, August 4, 2021**

**9:00 a.m. – 3:30 p.m.**

and

**Wednesday, August 11, 2021**

**10:00 a.m. – 6:00 p.m.**



**Please call for an appointment:  
517-546-9850**

Face coverings are required when entering  
LCHD and measures are in place to ensure  
social distancing and safety among clients  
and staff.







## 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 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.

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\_\_\_\_ 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.

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Printed Name of Child: \_\_\_\_\_ Grade \_\_\_\_\_

Printed Name of Parent or Guardian: \_\_\_\_\_

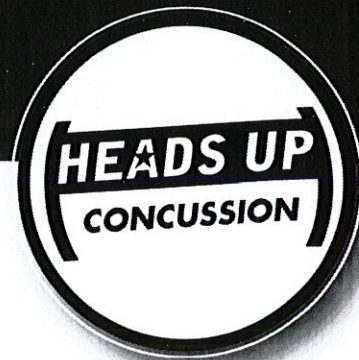
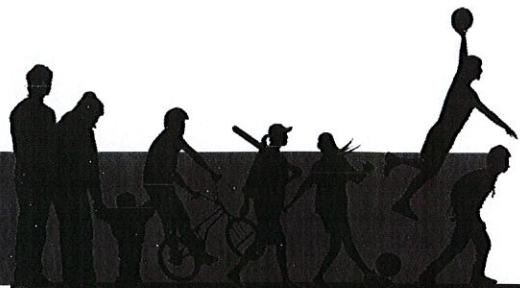
Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ 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.

## 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.

## 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”

## 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



Michigan Department of Health & Human Services

RICK SNYDER, GOVERNOR | NICK LYON, DIRECTOR

▶ **“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.

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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](http://www.facebook.com/CDCHeadsUp)

**HEADS UP**

TO LEARN MORE GO TO >> [WWW.CDC.GOV/CONCUSSION](http://WWW.CDC.GOV/CONCUSSION)

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).



**VOLUNTEER BACKGROUND CHECK  
Acknowledgment Form**

**\*Nonemployment Background Checks Only\***

Service to provide: ST. MARY SCHOOL Date to Provide Service: 2021-2022

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  
1-05-21

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](mailto:mrskinsey@stmarypinckney.org).

OFFICE USE ONLY

Approved ☐ Denied ☐ Date Approved/Denied \_\_\_\_\_ Determining Staff Member (initials) \_\_\_\_\_