



St. Mary Catholic School Pinckney

History

September 1955 Cornerstone Ground-Breaking (E. Hamburg St. location)

September 1956 the School Opened

September 1997 the Preschool Program started

September 2003 the new School Opened (Dexter-Pinckney Rd. location)

Affiliation

Diocese of Lansing, Michigan

Accreditation

Michigan Association of Non-Public Schools (MANS)

Member of the National Catholic Education Association (NCEA)

Administration

Pastor, Fr. Dan Kogut

Principal, Veronica Kinsey

School Highlights

Pre-K thru 8th Grades

Partners with Parents in Education

Catholic Faith & Values Taught

A Safe & Welcoming Environment

Parish & Community Involvement

Music, Spanish, Computers, Art and P.E.

Athletic Program St. Mary Wildcats Team Sports

Current Enrollment (2022-2023)

183 Students

*Bringing Jesus to the center of the life of every family through
excellence in faith, scholarship, and service.*

ST. MARY SCHOOL

FAMILY REGISTRATION/TUITION CONTRACT 2023-2024

FAMILY NAME _____

To complete your enrollment, sign-up with FACTS, the on-line tuition management system: <https://online.factsmgt.com/signin/3YJ8Z>

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

Payment Options:

One (1) payment: June

Two (2) payments: June & December

Four (4) payments: June, September, December, March

Twelve (12) monthly payments: June – May

Tuition Payment Due Dates:

1st -or- 15th of the month

**Tuition Deposit Fee: \$200 per family
NON-REFUNDABLE!**

Number of Children	IN PARISH	NON-CATHOLIC FAMILY
1 child (K-8):	\$ 5,425.00	\$ 6,200.00
2 children (K-8):	\$ 8,075.00	\$ 9,900.00
3 children (K-8):	\$ 10,500.00	\$ 13,000.00
4 children (K-8):	\$ 11,725.00	\$ TBD

A. **Tuition Calculation:** 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. **In Parish Families:** 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.

C. **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 at beginning of the school year and due on or before **December 1, 2023.**

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.



2023 – 2024 TUITION RATES

St. Mary School Parish Families

<u>Number of Children</u>	<u>Tuition</u>
1 Child (K-8)	\$ 5,425.00
2 Children (K-8)	\$ 8,075.00
3 Children (K-8)	\$ 10,500.00
4 Children (K-8)	\$ 11,725.00

Tuition Deposit - \$200.00 per family is due at registration

Tuition Deposit is NON-REFUNDABLE

St. Mary School Non-Parish Families

<u>Number of Children</u>	<u>Tuition</u>
1 Child (K-8)	\$ 6,200.00
2 Children (K-8)	\$ 9,900.00
3 Children (K-8)	\$13,000.00

Tuition Deposit - \$200.00 per family is due at registration

Tuition Deposit is 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

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/3YJ8Z>

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 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. Customer Care Representatives are also available to assist you 24/7.**

St. Mary School

Registration Requirements Checklist

The following is a checklist of items that must be turned in with your registration paperwork in order to secure your child's grade:

- Registration/Tuition Contract
- FACTS Tuition Enrollment & Deposit Fee
- Student Information Record (be sure to read directions and fill in all spots)
- Consent for Disclosure of Immunization Information
- Immunization Record or Current Immunization Waiver
- Proof of Vision & Hearing Screening (Kindergarten Only)
- Copy of Birth Certificate
- Copy of Baptismal Certificate (if applicable)
- Request for Student Records from previous school
- Concussion Form
- Photo Release Form
- Volunteer Background Check Acknowledgment Form (if you would like to volunteer in the school, one per guardian.)
- Copy of Virtus Training Certificate (if you would like to volunteer in the school)
- Diocese of Lansing School Agreement
- St. Mary Parish/School Covenant

STUDENT INFORMATION RECORD

ST. MARY SCHOOL

GENERAL INFORMATION

STUDENT NAME - LAST, FIRST MIDDLE	SEX	BIRTH DATE	STUDENT GRADE 2023-2024

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

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

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?

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

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: _____

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

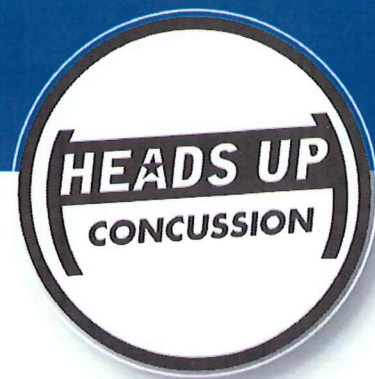
Parental Consent to Release Records

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.

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

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

The logo features the words "HEADS UP" in a bold, white, sans-serif font. The text is set against a dark, curved background that resembles a banner or a stylized helmet. The "H" is particularly large and stylized, with a thick, curved line extending from its base.

TO LEARN MORE GO TO >> 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).



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.

_____ 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: _____



DIOCESE OF LANSING
MICHIGAN

Employee and Volunteer Criminal Background Check Disclosure and Authorization Form

Hiring Entity Name/Address: _____ ☐ School ☐ Church

As a church we value the safety of children in our care, our employees and volunteers and the people whom we serve. We want to take prudent measures to protect our human and material resources. Therefore, the diocese mandates that criminal history background checks be conducted for all school/church personnel and volunteers, who may have unsupervised contact with a child, the elderly or persons with disabilities. Please complete this form of basic information about you, which assures the best possible program and safety for all and return this form to the designated administrator for criminal background checks at your Parish/School/Central Services.

Name (First, Middle, and Last):	Contact Phone Number:	*Date of Birth:	
Known by any other name(s)(Maiden Name/Previous Names or Aliases Used):			
Address:	City:	State:	Zip:
Number of years living in Michigan:	Home Phone:		
Position/Title for which you are seeking /volunteering(ex: Teacher, Janitor, Volunteer Coach, Music Minister, Chaperone, Lunch Room Helper, etc):			
Driver's License #:	State:	*Race	*Sex

Disclosure/Authorization:

The Diocese of Lansing hereby discloses and I understand that consumer reports and/or investigative consumer reports on my background may be made, to assess me in connection with hire or volunteer assignment, promotion or reassignment or retention. These reports may be obtained before initial hire or volunteer assignment or during my employment or volunteer assignment and may consist of a criminal history background check, driving record, education verification, employment verification, credit check, and/or personal references using the services of the Diocese of Lansing/Department of Human Resources and/or a designated outside firm. The information received, including this form, will be kept confidential and will be used only to determine my suitability to work at the Diocese of Lansing, a diocesan school, parish, or agency, or volunteer for the above noted entity.

I authorize the Diocese of Lansing or a designated consumer reporting agency to obtain the information and authorize without reservation, any party contacted to furnish any or all of the above-mentioned information. Further, I will allow a photocopy of this authorization to be as valid as the original for purposes conducting the necessary investigation.

In addition, I agree to abide by the policies, procedures and code of conduct that currently exist or may be amended in the future.

Signature

Date

*NOTE: Date of birth, sex, and race are being requested only for purposes of identification in obtaining accurate retrieval of records.

Ann Arbor · Flint · Jackson · Lansing

Clinton · Eaton · Genesee · Hillsdale · Ingham · Jackson · Lenawee · Livingston · Shiawassee · Washtenaw



DIOCESE OF LANSING
MICHIGAN

Employee and Volunteer Criminal Background Check Disclosure and Authorization Form

Hiring Entity Name/Address: _____ ☐ School ☐ Church

As a church we value the safety of children in our care, our employees and volunteers and the people whom we serve. We want to take prudent measures to protect our human and material resources. Therefore, the diocese mandates that criminal history background checks be conducted for all school/church personnel and volunteers, who may have unsupervised contact with a child, the elderly or persons with disabilities. Please complete this form of basic information about you, which assures the best possible program and safety for all and return this form to the designated administrator for criminal background checks at your Parish/School/Central Services.

Name (First, Middle, and Last):		Contact Phone Number:	*Date of Birth:
Known by any other name(s)(Maiden Name/Previous Names or Aliases Used):			
Address:		City:	State: Zip:
Number of years living in Michigan:		Home Phone:	
Position/Title for which you are seeking /volunteering(ex: Teacher, Janitor, Volunteer Coach, Music Minister, Chaperone, Lunch Room Helper, etc):			
Driver's License #:	State:	*Race	*Sex

Disclosure/Authorization:

The Diocese of Lansing hereby discloses and I understand that consumer reports and/or investigative consumer reports on my background may be made, to assess me in connection with hire or volunteer assignment, promotion or reassignment or retention. These reports may be obtained before initial hire or volunteer assignment or during my employment or volunteer assignment and may consist of a criminal history background check, driving record, education verification, employment verification, credit check, and/or personal references using the services of the Diocese of Lansing/Department of Human Resources and/or a designated outside firm. The information received, including this form, will be kept confidential and will be used only to determine my suitability to work at the Diocese of Lansing, a diocesan school, parish, or agency, or volunteer for the above noted entity.

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Signature

Date

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Ann Arbor • Flint • Jackson • Lansing

Clinton • Eaton • Genesee • Hillsdale • Ingham • Jackson • Lenawee • Livingston • Shiawassee • Washtenaw

Instructions for Protecting God's Children Online Training



VIRTUS website is not compatible with Internet Explorer, please use Google Chrome or Firefox.
Training must be viewed on laptop or desk computer (iPhone or iPad will cause incomplete training)

1. Go to <http://www.virtusonline.org>
2. Click on "First-Time Registrant" (below the User ID and Password)
3. Click "Begin the registration process"
4. Select "Lansing, MI (Diocese)" by clicking the drop down list ▼,
5. Click on "Select".
6. Create a User ID and password and click "Continue". Make a note of your User ID and Password. This establishes your account with our diocese and the VIRTUS program.
7. Complete the information on the next screen. *indicates a required field.
8. Click on "Continue".
9. Select your Primary Location by clicking the drop down list ▼.
10. Click on "Continue".
11. If you volunteer or work at another parish or school, click "Yes" and follow the screens. If not, click "No".
12. Select the Role(s) that you serve within your organization.
13. Complete the "Title or Diocesan Function" field.
14. Click "Continue"
15. Check any additional roles that apply.
16. Click "Continue"
17. Answer the three yes/no questions.
18. Read the Code of Conduct and Click on "Yes, I Understand".
19. Click "Continue"
20. Select "No" to the question: Have you already attended a Protecting God's Children session?
21. You will be presented with a list of upcoming sessions. Scroll to the bottom and mark the box the "Protecting God's Children for Adults (Online Training)"
22. Select "OK" to the question: Are you sure this is the session you wish to attend?
23. There will be a message on your screen confirming that you have completed the registration process. Click on "Go to VIRTUS Online"
24. Login with your User ID and Password
25. Click on "Protecting God's Children Awareness Session"
26. Read each screen carefully. If you are unable to finish your training in one session, you can log out and return later.
27. When your training is complete, print your completion certificate and log off.



2023-2024 School Year

Dear Parents/Guardians:

Thank you for choosing to send your children to our school. Catholic education is among the very best gifts that can be given to children and God delights in the investment you are making in this way. At St. Mary School, students not only receive an excellent academic education, but more importantly, they receive a rich formation and foundation as disciples of Christ. It is a great blessing for our children to be prepared for this life while also being prepared for eternity.

At St. Mary, our core purpose is to bring Jesus to the center of the life of each family. There are many things that we do, but this is the core reason why we exist as an institution. This means we are committed to partnering with parents and supporting them in their role as the primary educators of their children in the ways of faith. It means that we believe Jesus wants to be at the center of the “culture” of every family, and we are committed to coming alongside parents to help them in this way.

We seek to live out this core purpose, which is why the parish provides a financial subsidy to our school each year. Tuition does not cover the full cost of sending your children to St. Mary; the balance is generously provided by the parish and parishioners, like you, who give faithfully of their finances, time, and talent. The PTC does amazing work in providing financially for the school; please get involved in whatever way you can.

Thank you for your continued support of our school, your commitment to Catholic education, and your faithful support of our parish. May God bless us all as we work toward fulfilling His Will on earth.

In Christ,

Fr. Dan

Fr. Dan Kogut, Pastor



Covenant between St. Mary Parish and of the St. Mary School Families
2023 - 2024

We, the people of St. Mary Parish, are committed to providing an environment where the children of our parish school:

- Are formed in the Catholic faith to know, love, and serve our Lord Jesus Christ.
- Are educated following the traditions and teachings of the Catholic Church.
- Are provided with opportunities to grow in heart, mind, soul, and strength.

As parents of a student enrolled at the Church of the St. Mary School, we are committed:

- To worshipping at St. Mary Pinckney, or our own church with our children on a weekly basis.
- To living in ways that are consistent with Catholic Christian moral values in all areas of life.
- To supporting the mission of our church by tithing our time, talent, and treasure.
- To supporting the mission of St. Mary School in a spirit of true partnership and good will.

As Parish and School parents, we enter into this covenant, asking God's blessing on us and the work we are called to do in His Name.

Name of Parent(s) - please print

Signature of Parent(s)

Date

Fr. Dan

Signature of Pastor

Veronica Kinsey

Signature of Principal



DIOCESE OF LANSING M I C H I G A N

Diocesan Family-School Agreement

The purpose of Catholic education is the formation of boys and girls who will be good citizens of this world—loving God and neighbor and enriching society with the leaven of the Gospel—and who will also be citizens of the world to come, thus fulfilling their destiny to become saints. This is all done in an environment of academic excellence, where students learn how to become intentional, missionary disciples of Jesus Christ, grow in virtue and holiness, share the Good News of Christ's love with others, and join in the Catholic Christian community of the school. This Family-School Agreement is intended to further these purposes. Catholic schools in the Diocese of Lansing are open to all students; however, we are not a private or alternative school system.

When enrolling their child(ren) in a Catholic school in the Diocese of Lansing, be it parochial, diocesan, or independent, parent(s) or legal guardian(s) (hereafter, “parents”) are asked to sign the Family-School Agreement. In signing the Family-School Agreement, it is understood that:

- a. All children are welcome in the Catholic schools in the Diocese of Lansing. As part of enrollment, parents must sign the Family-School Agreement.
- b. Our schools exist to pass on the Catholic faith in its fullness to students and to form disciples of Jesus Christ. Parents and schools are partners in this mission; parents are expected to cooperate fully in it and shall supervise their children in accordance with this agreement.
- c. As partners in this mission, students and their parents are all part of the school community. As such, students and their parents agree to live their lives in a way that supports, rather than opposes, the mission of the school.

The school joyfully exercises its responsibility to teach Catholic faith and morals in all fullness. Parents whose religious practices and beliefs run counter to Church teaching might experience conflicts as we maintain mission integrity. Sincere questioning of the practices and doctrines of the Catholic faith—whether by students or their parents—in order to more deeply understand them are welcome; but openly hostile or persistent defiance of Catholic truths or morality are a violation of the Family-School Agreement and may result in denial of admission or dismissal from the school.

2023-2024 Family-School Agreement

Diocese of Lansing

As parents/guardians, we ask St. Mary School to help us in educating and forming our child(ren). We understand and agree that our child(ren) will be taught the teachings of the Catholic Church in their fullness. Our intention is to respect and cooperate with school policies and with those providing a Catholic-based education to our child(ren)—the priests, principal, teachers, parishioners, and all school personnel. We pledge our full cooperation with the school to prepare our child(ren) to be disciple(s) of Jesus Christ. We will make every effort to supervise our child(ren) in accordance with this agreement.

Name of Father/Legal Guardian

Signature:

Name of Mother/Legal Guardian

Signature:

Name(s) of Child(ren):

Grade:

St. Mary School accepts your request and commitment for a Catholic education and formation for your child(ren). We acknowledge our obligation to assist you in your responsibility of educating your child(ren). We will make our best effort to form your child(ren) as disciple(s) of Jesus Christ, according to the teachings of the Catholic Church.

Principal's Signature: *Veronica Kinsey*