



Emergency Information

St. Joseph School

The information below *must* be kept on file in the school office. Complete this form for each child and send it back to school tomorrow. Parents must complete this form prior to the start of the school year. PLEASE PRINT!

Parents are responsible for informing the office during the school year if changes in emergency information occur.

Name of Child _____ Grade _____

Name of Parent(s) or Legal Guardian(s) _____

Address _____ Preferred Phone _____

City, State, Zip _____

Parent Place of Employment _____ Work Phone _____

Who should we call if there is an emergency regarding this child, and in what order should we call them?

(This list should include parents & guardians)

| | Name | Relationship to Child | Phone Number(s) | Please check |
|---|------|-----------------------|-----------------|--|
| 1 | | | | <input type="checkbox"/> Cell phone <input type="checkbox"/> Home <input type="checkbox"/> Work |
| 2 | | | | <input type="checkbox"/> Cell phone <input type="checkbox"/> Home <input type="checkbox"/> Work |
| 3 | | | | <input type="checkbox"/> Cell phone <input type="checkbox"/> Home <input type="checkbox"/> Work |

CONSENT TO EMERGENCY CARE

In the event of an emergency, I request that the school make reasonable attempts to contact me at the above numbers or another parent/adult at the above listed numbers. I understand that in an emergency, difficult circumstances may prevent the school from contacting me immediately or the school may be unable to reach me. I therefore consent to the school's taking action which it deems necessary to secure emergency medical care/treatment for my child even if I have not been contacted.

I understand that decisions concerning the type of emergency medical care/treatment administered are made by health care providers and/or the school and that demanding circumstances may require the administration of emergency medical care or treatment without my prior consent. However, I have indicated below any treatment preferences I have for my child which the school may disclose to a health provider. (Check and complete any of the following)

_____ Dr. _____ is my preferred physician.

_____ Dr. _____ is my preferred dentist.

_____ My hospital of choice is _____

_____ Receipt of my consent prior to my child's receiving major surgery, unless the medical opinions of two licensed physicians or dentists concurring in the necessity for such surgery are obtained before surgery is performed.

_____ If my child's school has a prescription for auto-injectable epinephrine and my child is demonstrating signs or symptoms of life-threatening anaphylaxis during the school day, I DO NOT consent to the administration of auto-injectable epinephrine (epi-pen) for my child.

The school may disclose the following checked information to a health care provider:

_____ Insurance Company: _____ Policy/Group/Claim # _____

_____ The following information regarding allergies my child has, medication my child is taking, and other medical facts about my child: _____

I understand that in the event of an emergency, the school will make reasonable efforts to notify a health care provider of the above-checked information; but I acknowledge that I am responsible for communicating such information to the appropriate medical personnel.

Date: _____ Signature of Parent/Guardian: _____

ADDITIONAL HOUSEHOLD INFORMATION

Child lives with (please circle):

Both Parents Mother Father Stepmother Stepfather Other _____
Full Time Shared Custody

Any additional information: _____

Parent / Guardian Signature: _____

E-mail Address _____ Family Parish _____

If your child attended public school, what elementary or middle school would (s)he attend?

ADDITIONAL MEDICAL INFORMATION

Medication Taken _____ Dosage _____

Time Taken _____ Home or School (circle one)

** If medication needs to be taken at school, a CONSENT FOR ADMINISTRATION OF MEDICATION must be filled out and filed with the office. **

Allergies and / insect bite information:

Pertinent information regarding child's physical condition or medications:

Other important information:



Diocese of Fort Wayne – South Bend

St. Joseph School – STUDENT Enrollment

(Each child attending St. Joseph School must have this form on file)

[Please Print!]

Office Use Only

Last Name: _____

Student ID: _____

Baptism Certificate on file? _____

Birth Certificate on file? _____

Entering Grade _____ in _____

Student's Name: _____ Sex _____
First (Middle) Last

Date of Birth (Mon/Day/Year) _____

City, State & Country of Birth _____

Address: _____
(Street Address)

_____ (City, State, Zip)

Home Phone: _____

Medical Condition (Allergy, Asthma, Heart Condition, etc. Please be specific):

Student's Ethnicity / Race Data - Both Questions must be answered (for statistics only):

Is this individual Hispanic / Latino? (Choose only one)

No, not Hispanic / Latino

Yes, Hispanic / Latino

What is the individual's race? (Choose one or more)

American Indian or Alaskan Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

Student's Religion: _____

Baptism: Date: _____ Church: _____ City: _____ State: _____

Holy Communion: Date: _____ Church: _____ City: _____ State: _____

Confirmation: Date: _____ Church: _____ City: _____ State: _____

Did this child attend St. Joseph School last year? _____ If no, where did this child attend school?

School Name: _____ City: _____ State: _____

In what public school corporation does the child reside? _____

Has this child ever received any special services (for a behavioral disability, learning disability, physical or academic impairment, communication disorder, etc.)? Yes No If yes, what services were received? _____

What was the first language learned by the student? _____

Does the student often speak a language other than English? _____ If yes, what? _____

Signature of Parent/Guardian: _____ Date: _____

Final decision on enrollment of a student rests in the discretion of the principal (in consultation with the pastor in the case of an elementary school).
(P4020).

If applicable, admission is not determined until confirmation is received from prior Catholic school that financial obligations are current
(4020).



Diocese of Fort Wayne – South Bend

St. Joseph School – FAMILY Enrollment

[Please Print!]

Office Use Only - Last Name: _____

School Year _____ Returning Family ___ New Family Today's date: _____

Religion: _____ Registered Parishioners at: _____

Home Address: _____ Home Phone: _____

City, State, Zip: _____

Mother's or Guardian's Information

 First Name Last Name
 _____ Living _____ Deceased
 Education (check highest level reached):
 _____ Grade School _____ High School _____ College Courses
 _____ College Degree _____ Postgraduate
 Cell Phone: _____
 E-Mail Address: _____
 Occupation: _____
 Employer: _____
 Work Phone: _____

Father's or Guardian's Information

 First Name Last Name
 _____ Living _____ Deceased
 Education (check highest level reached):
 _____ Grade School _____ High School _____ College Courses
 _____ College Degree _____ Postgraduate
 Cell Phone: _____
 E-Mail Address: _____
 Occupation: _____
 Employer: _____
 Work Phone: _____

List Children who will attend (St. Joseph School):

List all other children in family:

| NAME | BIRTH DATE (mo/day/year) | AGE | NAME | BIRTH DATE (mo/day/year) | AGE |
|------|--------------------------|-----|------|--------------------------|-----|
| 1 | | | 1 | | |
| 2 | | | 2 | | |
| 3 | | | 3 | | |
| 4 | | | 4 | | |
| 5 | | | 5 | | |

Children live with: _____ Both Parents _____ Mother _____ Father _____ Stepmother _____ Stepfather
 _____ Other: _____

Parents' Marital Status: _____ Married _____ Single, never married _____ Divorced* _____ Separated*
 _____ Remarried* (* copy of custody/guardianship papers required)

Is there a language other than English often spoken in the home? _____ If yes, what? _____

Does at least one parent read English? _____ If no, what language can you read? _____

Signature of Parent/Guardian: _____ Date: _____

AFTERNOON TRANSPORTATION INSTRUCTIONS

Student's Name: _____

Teacher's Name: _____

Please indicate your child's normal **afternoon** transportation instructions for each day of the week.

- If someone other than a parent will be picking your child up on a regular basis, write that person's name on the line.
- If your child is a bus rider, please indicate which bus stop.

MONDAY _____

TUESDAY _____

WEDNESDAY _____

THURSDAY _____

FRIDAY _____

Each day there is a change from above, you **must** provide your child's teacher with a note indicating the new instructions. We will need a dated note for the change. Changes for the day can also be called into the office by 2:30 p.m.

If no note or phone call is received from a parent or guardian, we will follow the instructions listed above.

If your everyday transportation changes throughout the school year, please submit an updated form.

I give permission for the following people to pick my child up from school/bus stop on a semi regular basis:

| | NAME | PHONE | RELATIONSHIP TO CHILD |
|----|-------|-------|-----------------------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ |

_____ YES, I give my child permission to depart their home campus at dismissal time without adult supervision via walking or riding a bicycle.

_____ NO, I do not give my child permission to depart their home campus at dismissal time without adult supervision via walking or riding a bicycle.

Parent Signature: _____ Date: _____



Denial of Permission to Publish

St. Joseph School uses web pages and social media to publicize the good things happening at our school and the good work done by our students.

If the student or their parent/guardian **DOES NOT** want the student's name, photo, or work published on the web site or to be involved in activities that could be publicized in local publications and online platforms, this form **MUST** be completed and submitted to the school. This will remain on file for the current school year only.

Please note that we are unable to control photos that may be taken by parents, students, or spectators at public events.

Signing below denies permission to publish the student's name, photo, or work on the St. Joseph School web site and social media.

Student's printed name

Parent's signature

Date

Student's Name

NONCUSTODIAL PARENT INFORMATION

NAME _____ PHONE _____

ADDRESS _____

PLACE OF EMPLOYMENT _____ PHONE _____

VERY IMPORTANT

In the event that a court order has been issued restricting the non-custodial parent's rights, the school must have a copy of the original court document on file in order to enforce the restriction. Without this information, we cannot prevent a non-custodial parent from picking children up at school, visiting the classroom, etc.

THE LAW STATES:

20-10.1-22.4.2 ACCESS TO RECORDS

Sec. 2(a) Except as provided in subsection (b), a nonpublic or public school must allow a custodial parent and a noncustodial parent of a child the same access to their child's records.

(b) A nonpublic or public school may not allow a noncustodial parent access to the child's education records if:

- (1) a court has issued an order that limits the noncustodial parent's access to the child's education records; and
- (2) the school has received a copy of the court order or has actual knowledge of the court order.

IF THIS DOES NOT APPLY TO YOU, PLEASE CHECK BELOW, AND SIGN. THANK YOU.

_____ THIS DOES NOT APPLY TO OUR FAMILY.

Custodial Parent Signature



HOME LANGUAGE SURVEY

This form must be completed for all students new to St. Joseph School as part of the enrollment process.

Date form completed: _____

Student's Name: First _____ Middle _____ Last _____

Current Grade: _____ Current Age: _____ Gender: ___ Male ___ Female

Grades completed in the U.S.(circle all that apply) PK K 1 2 3 4 5 6

Grades attended outside the U.S.(circle all that apply) PK K 1 2 3 4 5 6

First entry to a U.S. school: Grade _____ Date: Month _____ Year _____

Questions 1-3: If a language other than English is indicated for these questions, the student is considered a language minority which generates state funds for the school. Once this determination has been made, the following occurs: English proficiency assessment, upon enrollment & annually thereafter, to assess proficiency and measure growth. Qualified students receive classroom and standardized test accommodations.

1. What is the native language of the student?
 - English
 - Other _____
2. What language is spoken most often by the student?
 - English
 - Other _____
3. What language(s) is spoken by the student at home?
 - English
 - Other _____

Questions 4-6: This information is used for data collection and may help to generate additional funds to benefit students. Your answers will remain confidential and will only be used for educational purposes.

4. In what language would the parents/guardians prefer to receive communication from school if possible?
 - English
 - Other _____
5. Has the student received English language support at a previous school? ___ Yes ___ No
6. In what country was the student born? _____
 If other, date arrived in the U.S.? Month _____ Year _____
 If other, did student attend school in other country? ___ Yes ___ No
 If yes, please state grades attended: _____

Parent/Guardian/Sponsor:

_____ Date: _____

St. Joseph School Bus Contract
2019-2020

1. Bus will pick up students at St. Anthony, St. Michael, Immaculate Conception Church, North Street YMCA and Garrett Public School to transport them to St. Joseph School in the morning. In the afternoon the bus will pick up students at St. Joseph School and transport them to the Garrett Public School, North Street YMCA and Immaculate Conception Church, St. Michael & St. Anthony. There will be no stops at individual student's homes.
2. See bus schedule for specific departure times.
3. Students should not be left unattended at St. Anthony, St. Michael or Immaculate Conception Church in the morning unless the bus driver is present and ready to board students. (The driver must perform a daily safety inspection before boarding students.)
4. Students must be picked up on time in the afternoon.
5. Anyone who picks up a student from the bus stop must be on the consent form.
6. It is recommended that car pools are developed in the event the bus is not transporting students.
7. Procedure for school delays and early dismissals:
A Flocknote will be sent out in the case of school delay or early dismissal. Please make sure you have registered to receive those.
8. Students must obey all bus procedures as outlined in the Parent-Student Handbook.
9. The bus driver will have a cellular phone for communication with the school. He/She will check his/her phone at bus stops only.

Parent Signature

Date

Student's Name: _____ Grade Level: _____ Notice Number: _____

Diocese of Fort Wayne-South Bend Schools CHIRP Consent

Dear Parent/Guardian,

The Indiana State Department of Health maintains an immunization registry entitled Children and Hoosiers Immunization Registry Program (CHIRP). CHIRP allows all health care providers within the state of Indiana to enter immunization data as a method of electronic documentation. Chirp ensures that the most up-to-date record of immunizations is available to all health care providers. The Indiana Department of Education mandated that all schools within the state of Indiana utilize CHIRP to document annual immunization reports. Schools are required to submit these immunization reports to maintain the schools' accreditation. The school is requesting your permission to submit the immunization status of your child using this format. Please make additional copies of this form for each child in enrolled in school. The Indiana Department of Education's attorney Dana Long, collaborating with the Indiana State Department of Health, has prepared the consent attached to this document. If you have any questions, please call Maureen VerVaet, RN, at 574-904-0233. Thank you.

I, _____, give the Diocese of Fort Wayne-South Bend Schools, permission to release the following information concerning my child _____ to the Indiana State Department of Health's Children and Hoosiers Immunization Registry Program (CHIRP):

Student's full name, date of birth, immunization data, and demographic data such as address, telephone number, and school in attendance.

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 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/Guardian

Address

Contact Telephone Number

Name of School Child Attends

Child's Name

Grade Level

PLEASE CHECK HERE IF YOU OBJECT TO IMMUNIZATIONS AS THAT NEEDS TO BE RECORDED AS WELL.

PLEASE RETURN BY THE BEGINNING OF THE CURRENT SCHOOL YEAR OR ASAP.

Health Questionnaire

(Parent/Guardian need to complete)

Please Print!

Student: _____ Date of Birth: ____/____/____

Address: _____

City: _____ Zip _____ Phone Number: _____

School: _____ Entering Grade: _____

Father's Name: _____ Mother's Name: _____

Student Lives With: _____

| Disease/Condition | Yes (List month/year) | No | Disease/Condition | Yes (List month/year) | No |
|-------------------|--------------------------|----|-------------------|--------------------------|----|
| Asthma | | | Mumps | | |
| Diabetes | | | Rheumatic Fever | | |
| Seizures | | | Rubella | | |
| Chickenpox | | | Scarlet Fever | | |
| Measles | | | Other | | |

Has your child had an infectious/communicable disease other than those listed above? Please explain giving relevant dates: _____

Please list any of the following with the month/year:

Operations: _____

Illnesses (Eye, ear, heart, stomach, kidney): _____

Severe Injuries (Head Injury, Fractures, etc.): _____

Is there any other information about your child's health status that you think the school should know which may be relevant to your child's health and safety or the health and safety of others in the school environment? _____

Please list any condition that should be considered in planning your child's school day:

Allergies/Reactions: _____

Physician Name: _____ Phone #: _____

Dentist Name: _____ Phone #: _____

To the best of my knowledge the above information is complete and accurate. I acknowledge that I have a continuing obligation to inform the school of any changes in my child's health status that are relevant to the information requested by this form.

Parent Signature _____ Date _____

Physician Certificate of Examination Form

(To be completed by a physician)

Please Print!

Name: _____ Date of Birth: ____/____/____

Allergies _____

Current Medications: (List name, dosage, and time)

1. _____ Dosage _____ Time _____

2. _____ Dosage _____ Time _____

Height: _____ Weight: _____ B/P: _____

Eyes: _____

Ears: _____ **Lead Level** (if indicated): _____

Nose: _____

Throat: _____ **Sickle Cell** (If indicated): _____

Chest: _____

Heart: _____ **P.P.D.:** (Recommended)

Hernia: _____ Date Given: _____

Extremities: _____ Date Read: _____

Posture/Scoliosis: _____ Results: _____

- Physically fit to participate in all physical education programs? Yes No

If "No" please explain: _____

- Please list any condition that should be considered in planning this child's school day: _____

Immunization Record: (Month/Day/Year)

DtaP/Tdap:

1. _____
2. _____
3. _____
4. _____
5. _____

Hepatitis B:

1. _____
2. _____
3. _____

Hepatitis A:

1. _____
2. _____

Pertussis:

1. _____

Meningitis:

1. _____
2. _____

IPV (please indicate if OPV)

1. _____
2. _____
3. _____
4. _____

M.M.R:

1. _____
2. _____

HPV:

1. _____
2. _____
3. _____

Varicella:

1. _____
2. _____

Physician Completing this form: _____

Please Print/Stamp

Physician's Signature: _____ Date: _____

Flocknotes

***Please note: ALL families are required to sign up as part of the registration process.**

Delays, lock-downs, early closing, reminders, etc. sent to your email & text

This helpful tool we're using lets you choose what info you'd like to receive - via email or text message - from the various ministries and groups in our church and school. You can unsubscribe any time.

There are 2 easy ways to connect (pick one):

BE SURE TO ENTER YOUR NAME AS WELL AS YOUR PHONE NUMBER WHEN YOU SIGN UP.

1

Text the letters: gsj in your message box
To: 8457

OR

2

Computer-Login:
flocknote.com/StJosephCatholicChurch9

Text STOP to 84576 to stop txt notifications at any time. Text HELP for help. There is no charge for this service, but your carrier message and data rates may apply. View privacy policy & conditions at www.flocknote.com/txt.