



*1 PER STUDENT

1st - 6th GRADE REGISTRATION

JOHN PAUL II SCHOOL - Mitchell, SD



Year _____

STUDENT'S SOCIAL SECURITY NO. _____

NAME OF CHILD _____ BIRTHDAY _____

Choose one Male Female PLACE OF BIRTH _____

Answer BOTH questions

Question 1: Ethnicity (Check only one) 1) No, not Hispanic or Latino 2) Yes, Hispanic or Latino

Question 2: Race (Check one or more) 1) American Indian or Alaska Native 2) Asian
3) Black or African American 4) Native Hawaiian or Other Pacific Islander 5) White

CHURCH OF BAPTISM _____ DATE OF BAPTISM _____

PARISH PRESENTLY REGISTERED IN _____

HOME ADDRESS _____

Street or P.O. Box City County

EMAIL ADDRESS(ES) _____

(mother's) (father's)

PHONE NUMBER _____ CELL PHONE NUMBER(S) _____

(mother's) (father's)

FATHER'S NAME _____ OCCUPATION _____

PHONE NUMBER AT WORK _____ RELIGION _____

MOTHER'S NAME _____ OCCUPATION _____

PHONE NUMBER AT WORK _____ RELIGION _____

TOTAL NUMBER OF CHILDREN IN FAMILY _____: BOYS _____ GIRLS _____

MEMBERS YOUNGER THAN THIS CHILD: BOYS _____ GIRLS _____

MEMBERS OLDER THAN THIS CHILD: BOYS _____ GIRLS _____

NAME OF FAMILY DOCTOR _____ PHONE _____

EMERGENCY NAME AND PHONE NUMBERS IN CASE PARENTS CAN NOT BE CONTACTED:

PLEASE DESCRIBE ANY HEALTH PROBLEMS OR ANY OTHER PROBLEMS THAT YOU WANT THE
TEACHER TO BE AWARE OF AT THIS TIME. _____

GRADE ENTERING _____ BUS STUDENT: Yes No

**All students at John Paul II School legally have to have on file in the office:
A copy of their birth certificate and an updated immunization record.**



*1 PER STUDENT

HEALTH DATA AND EMERGENCY INFORMATION

JOHN PAUL II SCHOOL - MITCHELL, SD

B

YEAR _____

Student's Name _____

Parent or Guardian _____

Address _____ Telephone No. _____

Local Physician or Clinic _____ Telephone No. _____

Hospital Preference: Queen of Peace Other (Please Specify) _____

Place of Employment: Father _____ Telephone No. _____

Mother _____ Telephone No. _____

I give my permission for the school to call the above named physician in case my child is seriously injured or becomes seriously ill at school, and the school is unable to contact the parents or guardians.

I understand that the school assumes no financial responsibility for the physician's service, or the ambulance (if it should be necessary).

Parent or Guardian Signature Date

In the event of what the authorities feel is a life threatening situation, the school would contact any available doctor (if your preference cannot be reached) and would transport by the fastest means possible to the hospital.

In case of emergency or illness when parents or guardians cannot be reached, list two neighbors or nearby relatives who will assume temporary care of your child.

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

List any significant health problems or physical disabilities to be communicated to school personnel:

I give my permission for my child to attend supervised excursions or field trips.

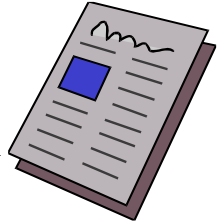
YES NO

Parent or Guardian Signature Date

I _____ would like
(Parent's name – PLEASE PRINT)

(**PLEASE CHOOSE ONLY ONE**)

A hard copy of the newsletter put in the parent pack



The newsletter electronically sent to my email.

Email address(es) I would like it sent to:

Mother's Email _____

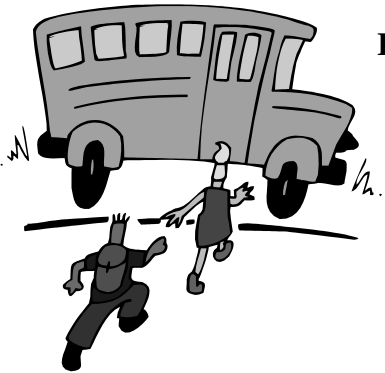
Father's Email _____



Parent Signature

Date

Year



Family Name _____

Student's Name _____

Grade _____



Bus Transportation

Please check below whether your student will be riding the bus to or from school.

Yes, Dietrich Bus

Yes, Palace Transit Bus

No Bus

*If you need to arrange busing, please call Dietrich Busing @ 996-2440 or
Palace Transit Busing @ 995-8440. We do not arrange busing.

Year _____



*1 PER FAMILY

D

PARENT PERMISSION MEDICATION FORM

Year _____

Family Name _____

Student's Name _____ Grade _____

_____ Grade _____

_____ Grade _____

_____ Grade _____

_____ Grade _____

I give permission for the office to give my child the medication provided by me the parent. I understand that the office will log when my child gets this medication.

Parent/Guardian Signature _____ Date _____

Contact numbers: Home # _____

Mother: Cell # _____ Work # _____

Father: Cell # _____ Work # _____

IF YOUR CHILD NEEDS A MEDICATION (NON-PRESCRIPTION) IT MUST BE SENT IN THE ORIGINAL, LABELED CONTAINER WITH A SIGNED NOTE ATTACHED AS TO THE DOSAGE AND TIME TO BE GIVEN.

PLEASE REMEMBER FOR PRESCRIPTIONS WE MUST HAVE THE PRESCRIPTION BOTTLE WITH A SIGNED NOTE AS TO WHEN AND HOW THE PRESCRIPTION IS TO BE ADMINISTERED.



***One Form Per Family**

Internet Use and Publication Permission Form

John Paul II School - Mitchell,SD

Year _____

FAMILY NAME _____

Student Name _____ Grade _____ Student Name _____ Grade _____

Student Name _____ Grade _____ Student Name _____ Grade _____

Student Name _____ Grade _____ Student Name _____ Grade _____

Complete the form below to grant permission for Internet Use and Publications.

If you do not wish to grant permission in any one area, do not sign that area.

- 1) I grant permission for my child(ren) to use the Internet at school. I understand that a member of the faculty, staff, volunteer or parent/guardian will be present when the students are using the Internet.

(Parent or Guardian Signature)

(Date)

- 2) I grant permission to John Paul II to publish my child(ren)'s picture, artwork, writing, or other school work deemed appropriate on the John Paul II Website on the World Wide Web. Only my child's first name will be used to identify him/her or as the artist or author.

(Parent or Guardian Signature)

(Date)

- 3) I grant permission for John Paul II to publish my child(ren)'s picture, either individual or as part of a group in the newspaper. My child(ren)'s full name will be used to identify him/her.

(Parent or Guardian Signature)

(Date)



*1 FORM PER FAMILY

F

EMERGENCY EARLY DISMISSAL

Year _____

Family Name _____

Student's Name _____ Grade _____

_____ Grade _____

_____ Grade _____

_____ Grade _____

Rides bus Yes No

Dear Parent or Guardian,

School can be affected by weather related emergencies any time during the year. Please read very carefully and check the correct line. If you are at home during the day or have access to media announcements at your place of employment, we **will not** notify you by phone.

I am signed up on Remind 101 @ John Paul II : You will receive a text from school.

CHOOSE ONLY ONE OF THE FOLLOWING AND SIGN IN THE APPROPRIATE SPACE:

Dismiss my child in the usual manner.

You will not be notified unless you are signed up for Remind 101.

Parent/Guardian Signature _____ Date _____

I will call the school with instructions for my child(ren)

Parent/Guardian Signature _____ Date _____

Keep my child at school until I have been notified.

I can be reached at this phone number: _____ Ext. _____

Name of Business (if this is your work number): _____

Special Information (example: work schedule, etc.) _____

Parent/Guardian Signature _____ Date _____



For Rural Bus Students Only

Year _____

OPERATION BLIZZARD

If weather conditions are too severe to send rural children home on buses, an announcement will be made on radio and television that "**Operation Blizzard**" will go into effect.

Operation Blizzard means that alternate homes will be used where rural children can stay until storm conditions subside. These homes are referred to as "new home" below.

Please complete the following form and return to the school as soon as possible.

Thank you for your cooperation.
Robin Cahoy
Principal

Bus Student's Name

Grade

Parent's Name _____

Operation Blizzard: New Home Name _____
(Home student(s) would go to)

Address _____

Phone Number _____



**JOHN PAUL II SCHOOL TUITION FOR
2016-2017 SCHOOL YEAR**

Father _____ Mother _____
First Last First Last

Address _____ City, State, Zip: _____

Phone # _____

I am registering the following students in school:

Name _____ Grade _____
Name _____ Grade _____
Name _____ Grade _____
Name _____ Grade _____

TUITION COSTS: PARISH & NONPARISH

One Child (Grades K - 6) ... \$2425.00 ... (Quarterly \$606.25 / 10 mo. \$242.50 / 12 mo. \$202.25)

Two Children (Grades K - 6) ... \$3550.00 ... (Quarterly...\$887.50 / 10 mo. \$355 / 12 mo. \$296)

Three or more Children (Grades K- 6) ... \$4300.00 ... (Quarterly \$1075 / 10 mo. \$430 / 12 mo. \$358.50)

PAYMENT OF TUITION: (Please check one)

I will pay the full amount now.

I will pay the regular payment schedule:

a. One-fourth of tuition is due at registration

b. One-fourth of tuition is due at the end of 1st quarter : October 21, 2016

c. One-fourth of tuition is due at the end of 2nd quarter : December 22, 2016

d. One-fourth of tuition is due at the end of 3rd quarter : March 14, 2017

I will pay according to a 10 month payment schedule.

I will pay according to a 12 month payment schedule.

I will pay according to a special payment schedule. *Please explain below.

Parent's signature _____ Date: _____

Record of Payment For OFFICE USE ONLY

Volunteer Hours _____ Total Tuition Due _____

| | <u>Amount</u> | <u>Date</u> | <u>Amount</u> | <u>Date</u> | <u>Amount</u> | <u>Date</u> |
|----------------------|---------------|-------------|---------------|-------------|---------------|-------------|
| Registration Deposit | _____ | _____ | Dec. _____ | _____ | May _____ | _____ |
| Aug. | _____ | _____ | Jan. _____ | _____ | June _____ | _____ |
| Sept. | _____ | _____ | Feb. _____ | _____ | July _____ | _____ |
| Oct. | _____ | _____ | Mar. _____ | _____ | Aug. _____ | _____ |
| Nov. | _____ | _____ | Apr. _____ | _____ | | |

Notification of Rights for Elementary and Secondary Schools

The Family Educational Rights and Privacy Act (FERPA) affords parents and students over 18 years of age (“eligible students”) certain rights with respect to the student’s education records. These rights are:

1. The right to inspect and review the student’s education records within 45 days of the day the School receives a request for access. Parents or eligible students should submit to the School principal [or appropriate school official] a written request that identifies the record(s) they wish to inspect. The School official will make arrangements for access and notify the parent or eligible student of the time and place where the records may be inspected.
2. The right to request the amendment of the student’s education records that the parent or eligible student believes are inaccurate or misleading. Parents or eligible students may ask the School to amend a record that they believe is inaccurate or misleading. They should write the School principal [or appropriate official], clearly identify the part of the record they want changed, and specify why it is inaccurate or misleading. If the School decides not to amend the record as requested by the parent or eligible student, the School will notify the parent or eligible student of the decision and advise them of their right to a hearing.
3. The right to consent to disclosure of personally identifiable information contained in the student’s education records, except to the extent that FERPA authorizes disclosure without consent. One exception, which permits disclosure without consent, is disclosure to school officials with legitimate educational interests. A school official is a person employed by the School as an administrator, supervisor, instructor, or support staff member (including health or medical staff and law enforcement unit personnel); a person serving on the School Board; a person or company with whom the School has contracted to perform a special task (such as an attorney, auditor, medical consultant, or therapist); or a parent or student serving on an official committee, such as a disciplinary or grievance committee, or assisting another school official in performing his or her tasks. A school official has a legitimate educational interest if responsibility. [Optional] Upon request, the School discloses education records without consent to officials of another school district in which a student seeks or intends to enroll.

[NOTE: FERPA requires a school district to make a reasonable attempt to notify the parent or Eligible student of the records request unless it states in its annual notification that it intends To forward records on request.]

4. The right to file a complaint with the U.S. Department of Education, concerning alleged failures by the School to comply with the requirements of FERPA. The name and address of the Office that administers FERPA are:

**Family Policy Compliance Office
U.S. Department of Education
400 Maryland Avenue, SW
Washington, DC 20202-5901**

I have received a copy of this information which notifies me of my rights with respect to my child’s educational records.

Parent Name: _____

Parent Signature: _____

Date _____



VOLUNTEER DRIVER APPLICATION

YEAR _____

We greatly appreciate your interest in assisting us to meet our transportation needs. To help insure that all persons entrusted to your care while driving are safe and so that the local parish and Diocesan Church might appropriately manage their level of risk, we ask our volunteer drivers to answer the following questions. Thank you for your understanding and cooperation.

Name: _____ Date of Birth: _____

Address: _____ City/State/Zip: _____

Phone: _____ Cell phone: _____

Drivers License #: _____ Expiration Date: _____ State Issued: _____

Insurance Company: _____

Policy # _____ Policy Expiration: _____

(Please note: As a volunteer driver, in the event of an accident, your insurance will serve as primary insurer. Liability coverage provided by the parish/school is secondary.)

Have you had any of the following citations or convictions in the past THREE years:

| | YES | NO |
|--|-------|-------|
| Driving under the influence of alcohol or drugs | _____ | _____ |
| Hit and Run | _____ | _____ |
| Failure to report an accident | _____ | _____ |
| Negligent homicide arising out of the use of a motor vehicle | _____ | _____ |
| Using a motor vehicle for the commission of a felony | _____ | _____ |
| Permitting an unlicensed person to drive | _____ | _____ |
| Reckless driving | _____ | _____ |
| Three or more moving violations or accidents | _____ | _____ |

CERTIFICATION

My signature below certifies that the information given on this form is true and correct to the best of my knowledge and that I agree to the following:

- I understand that driving for Church ministry is an important responsibility and I will exercise care and due diligence while driving.
- I understand that as a volunteer driver, I must be 21 years of age.
- I certify that I possess a valid driver's license and have the proper and current vehicle license and registration.
- I certify that I have the required insurance coverage in effect on the vehicle I will be driving for the event.
- I understand that I cannot use a passenger van designed to seat 11 – 15 persons when transporting students.
- I agree that I will refrain from using a cell phone or any other electronic device while operating my vehicle.
- I agree to adhere to the State of South Dakota safety belt laws and regulations.
- I certify that the level of insurance on my vehicle is consistent with the liability limit requirements of the State of South Dakota (\$100,000/\$300,000).

Volunteer Driver Signature

Date