

## FAMILY INFORMATION

PAGE TWO

### Mother's Information

Name: \_\_\_\_\_

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

Home phone: \_\_\_\_\_ cell phone: \_\_\_\_\_

Work phone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Place of employment: \_\_\_\_\_

Address of employment: \_\_\_\_\_

### Father's Information

Name: \_\_\_\_\_

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

Home phone: \_\_\_\_\_ cell phone: \_\_\_\_\_

Work phone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Place of employment: \_\_\_\_\_

Address of employment: \_\_\_\_\_

Parents' Marital Status:  Married  Divorced  Separated  Widowed  Other

If applicable: Step-mother's name: \_\_\_\_\_ Step-father's name: \_\_\_\_\_

Family religion:  Catholic Religion if not Catholic: \_\_\_\_\_ Registered at: \_\_\_\_\_

Did you or anyone in your family graduate from St. Angela?  If yes, please list names and years of graduation:

\_\_\_\_\_

\_\_\_\_\_

### Legal Guardian's Information

Name: \_\_\_\_\_

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

Home phone: \_\_\_\_\_ cell phone: \_\_\_\_\_

Work phone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Place of employment: \_\_\_\_\_

Address of employment: \_\_\_\_\_

## PARENTAL RECEIPT OF ST. ANGELA STUDENT HANDBOOK

PAGE THREE

With my signature below I acknowledge that I have read the St. Angela Student Handbook (available at [www.saintangela.org](http://www.saintangela.org)) and understand and will adhere to all the policies it outlines. In particular, I understand that I am responsible for adhering to the policies described in brief here and given in full detail in the handbook.

### Attendance Policies

- Parents should call the school before 9:00 A.M. to notify the school if their child will be absent.
- Any scholar who has more than fifteen absences during the year may be considered for retention (repeating a grade) or may be asked to transfer out of the school at the end of the year.
- Any scholar who arrives to school after 7:55 will receive a tardy slip, which will be kept in his/her school file. Scholars may be late no more than five times each quarter.

I agree to adhere to school attendance policies as written in the Student Handbook \_\_\_\_\_ please initial.

### Medical Information Policies

- Physical examinations, record of immunizations and dental exams for must be on file in the school office.
- New exams are required periodically.
- A scholar will not be allowed to start the school year without the required health records on file.
- Parents must have contact information and emergency contact information on file in the school office.
- **Medication Authorization Form** must be on file for school staff to administer medications to scholars.

I agree to adhere to school medical information policies as written in the Student Handbook. \_\_\_\_\_ please initial.

### Tuition Policies

- All families are required to set up a tuition payment agreement with FACTS Management. Failure to keep up with your tuition payments may subject you to **tuition exclusion days**: your scholar(s) may not attend school until your account is brought up to date.

I agree to adhere to school tuition policies as written in the Student Handbook and the FACTS contract. \_\_\_\_\_ please initial.

### Dress Code Policies

- All scholars from kindergarten through 8<sup>th</sup> grade are required to wear uniforms. The specific items that are acceptable are listed in detail in the St. Angela Student Handbook and on the school website. Any questions regarding uniforms should be addressed to the school office before the school year begins.

By signing below, I agree to adhere to school uniform policies as written in the Student Handbook. \_\_\_\_\_ please initial.

### Personal Property Policies

- The school is not responsible for loss of or damage to personal property. This includes expensive and/or popular jackets, shoes, hats, etc. If your child brings money to school, it should remain with him or her.
- Scholars should not bring any type of electronic device to school. No toy that can be construed as a weapon should be brought to school. Cell phones must be turned off; they are not to be used at any time, including text messaging, while on school premises.

Signature for: \_\_\_\_\_ Attendance Policies \_\_\_\_\_ Medical Information \_\_\_\_\_ Tuition Policies \_\_\_\_\_ Dress Code Policies \_\_\_\_\_ Personal Property Policies

Signature \_\_\_\_\_ Date: \_\_\_\_\_



Photo Release: On occasion, the school and the school's affiliates, such as Big Shoulders Fund, may use photos and/or academic work of students in local publications (e.g., website, yearbook, advertisements, bulletin articles, and other public relations material).

By signing below, I/we give permission for the school or school's affiliates to publish my child's photo or academic work in any format including group or individual photos. \_\_\_\_\_ Please initial here.

Acceptable Use: I/We have read the school's technology guidelines and have discussed them with my/our child. In consideration of the privilege of my/our child using the school's electronic communication system and inconsideration of having access to the public networks, I/we hereby release the school, its operators and any institutions with which they are affiliated from any and all claims and damages of any nature arising from my/our child's use of, or inability to use, the system, including without limitation, the types of damage identified in the Acceptable Use Procedure.

I/We understand that access to the school's technology resources is not a private activity and that the school will monitor student activity on any type of the school resources including but not limited to the computer system, e-mail system and other electronic devices and programs. I/We have read the school's technology procedures and regulations and agree to abide by these provisions. Violation of these provisions may result in suspension or revocation of system access. I/We also understand that any actions taken through the school network that are in violation of the school disciplinary code will be handled in accordance with the code. Appropriate legal authorities may be contacted if there is any suspicion of illegal activity.

By signing below, I/we give my/our child permission to participate in the school's electronic communication system including the Internet and certify that the information contained on this form is correct. \_\_\_\_\_ please initial

Release of Information: The school and its agents have permission to confer and exchange academic and clinical (psychiatric, behavioral, school performance, medical, substance abuse, psychological, social, recreational, vocational and sessions) records and communications including any evaluations and history, social history, educational plans, grades and reports, medical testing, speech and language development screening, psychological evaluation, behavior incidences and any written or verbal information disclosed in session with the last school that they attended, \_\_\_\_\_. This information may be used for the purpose of instituting and reviewing an educational plan, coordinating school services and ensuring the safety of the student and the school.

By signing below, I/we admit this agreement is valid from when it is signed until the date the student transfers or graduates from the school. This authorization may be revoked any time prior that date upon written request to the principal. Information released prior to the revocation is not affected. \_\_\_\_\_ please initial

Catholic High School Recruitment: The Office of Catholic Schools and the Catholic high schools of the Archdiocese of Chicago are developing a student/parent/legal guardian contact database to better reach Catholic elementary school families as they consider high school plans. You can be confident that your contact information will be used responsibly. Your contact information will not be shared by anyone outside the Archdiocesan Catholic high schools. Catholic high schools may use a variety of criteria (e.g., geographical proximity to the high school, available transportation options, etc.) when selecting families to contact. If you wish that a high school no longer contact your or your child, contact that high school via email or phone.

By checking "Yes" below, you authorize the elementary school to share the following information with the Office of Catholic Schools and the Catholic high schools in the Archdiocese of Chicago for the purposes mentioned above: name of elementary school your child is attending, student's first and last name, gender, grade level, home address, phone number, parents'/legal guardians' first and last name and parents'/legal guardians' email address and cell phone number. \_\_\_\_\_ please initial

Signature for: \_\_\_\_\_ Photo Release: \_\_\_\_\_ Acceptable Use: \_\_\_\_\_ Release of Information: \_\_\_\_\_ High School Recruitment: \_\_\_\_\_ YES \_\_\_\_\_ NO

Signature

Date:

Oldest or only student's name: \_\_\_\_\_  
(Last) (First) (Middle)

Male: \_\_\_\_\_ Female: \_\_\_\_\_ Entering grade: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Names and grades of siblings in Fall \_\_\_\_\_ (year):  
\_\_\_\_\_  
Grade \_\_\_\_\_ M/F \_\_\_\_\_ Date of birth \_\_\_\_\_  
\_\_\_\_\_  
Grade \_\_\_\_\_ M/F \_\_\_\_\_ Date of birth \_\_\_\_\_  
\_\_\_\_\_  
Grade \_\_\_\_\_ M/F \_\_\_\_\_ Date of birth \_\_\_\_\_

Total number of children in family enrolled at St. Angela School: \_\_\_\_\_

Race: (Check all that apply) \_\_\_\_\_ Asian \_\_\_\_\_ Alaskan Native \_\_\_\_\_ Black/African American \_\_\_\_\_ Latino  
\_\_\_\_\_ Native American \_\_\_\_\_ Native Hawaiian/Pacific Islander \_\_\_\_\_ White

Last school attended: \_\_\_\_\_ City \_\_\_\_\_

Student lives with: \_\_\_\_\_  
(Last) (First)

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. or unit # \_\_\_\_\_

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

Emergency contacts in case parents/legal guardians cannot be reached (please supply three):

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_