



ST. ANDREW'S ELEMENTARY SCHOOL
301 S. Buckeye Ave. | Abilene, KS 67410
785-263-2453

StAndrews@sasabilene.com
www.StAndrewsAbilene.com

Student's FULL Legal Name: _____ Grade: _____
(First) (Middle) (Last)

Home Address: _____ Home Phone: _____
City: _____ State: _____ Zip: _____ Gender: _____ Social Security #: _____
Birthdate: _____
Mailing Address: _____ Birth Place: _____
City: _____ State: _____ Zip: _____ Preferred First Name: _____

Father/Guardian: _____
Home Phone: _____ Cell Phone: _____
Employer: _____ Work Phone: _____
Mother/Guardian: _____
Home Phone: _____ Cell Phone: _____
Employer: _____ Work Phone: _____
Email addresses to receive newsletters and important messages: Permission to share with Home and School? Y /N

Non-Custodial Information - Enter only if a parent does not live in the child's household.

Name: _____
Do we need to mail separate grade cards, etc. to the non-custodial parent? _____
Mailing address: _____ City, State Zip: _____
Home Phone: _____ Cell Phone: _____
Employer: _____ Work Phone: _____

Race and Ethnicity: (Note: Both Part A and Part B of the question **must be** answered.)

Part A: **Is this student Hispanic/Latino?** (Choose only one)

___ No, not Hispanic/Latino

___ **Yes, Hispanic/Latino** (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

The above part of the question is about ethnicity, not race. No matter what you selected above, **please continue to answer the following** by marking what you consider your student's race to be.

Part B: **What is the student's race?**

___ **American Indian or Alaska Native** (A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.)

___ **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 peoples 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.)

What is the language most often spoken/used at home? _____

Please continue to the other side of this enrollment form.

Student's name: _____

Please mark and answer all applicable questions below.

Bus Rider? Y / N

Does this student have a parent active in the military? Y / N

Religion Information

Religion: _____ Date of Baptism: _____ Church: _____

Date of First Holy Communion: _____ Church: _____

St. Andrew's After School Program

We would like the following care: ___ Occasional Care ___ Regular Care

Emergency Information/Has permission to pick up student

In case of emergency, we will attempt to contact parent/guardian first. In the event we cannot do this, please provide the name of a relative or close friend that we may contact.

Emergency Contact: _____ Phone: _____ Relationship: _____

Emergency Contact: _____ Phone: _____ Relationship: _____

Emergency Contact: _____ Phone: _____ Relationship: _____

Doctor's name: _____ Phone: _____ Allergies: _____

List any Medical Comments/Considerations: _____

List any Medical Alerts: _____

Automated Phone Calling System

What is your preference for getting automated messages? (email, text or phone call)

School Handbook

_____ We have received the school handbook. We agree to be governed by the policies contained herein.

(Initial here)



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SCRIP TECHNOLOGY FUND SUPPORT

St. Andrew's is committed to providing our students with the most up to date technology possible. In order to fund new technology, we have committed our profits of the SCRIP program to support annual updates and needs. Instead of adding a technology fee to families, or adding a large tuition increase, the school board opted to allow parents to help with technology needs through our SCRIP program. For the 2020-2021 school year, families have two choices to help with funding technology. Please indicate your family's preference:

_____ Use SCRIP program to bring \$150 profit to the school

_____ Pay an additional \$150 technology/extra tuition fee

If you choose to use SCRIP cards to pay your portion, we will keep track of your progress and keep you updated during the school year. One hundred percent of any amount earned for your family beyond \$150, up to a maximum of \$500 will be reimbursed back towards your tuition for the following year. Families may also indicate relatives/friends who have agreed to pledge their SCRIP use toward their fee. Please indicate below relatives and/or friends who have agreed to help you reach your SCRIP goal for the year:

We do not want this to be a hardship for any families, so please visit with Mrs. Bacon if you have any questions or concerns. We have found SCRIP to be one of our easiest and most profitable fundraisers. By working together to increase our profits, our children will greatly benefit!! THANK YOU for supporting this important change for the benefit of our school!!

Parent/Guardian Signature: _____

Date _____

Student(s) _____

Electronic Signature Disclaimer:
Please Type Parent/Guardian Full
Legal Name to Digitally Sign



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CHECK-OUT OF ST. ANDREW'S SCHOOL TECHNOLOGY EQUIPMENT

Family Agreement

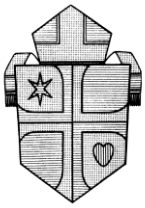
Our family agrees to follow all St. Andrew's School and Salina Diocesan rules and guidelines regarding use of the Internet when using St. Andrew's school technology equipment outside of the school building. These rules are included in our school handbook. See Appendix 3—Internet Use Policy and Agreement, Catholic Schools in the Diocese of Salina Acceptable Use Policy.

We understand that use of the school's technology equipment outside of the school building is a privilege and this privilege may be denied in the future if rules and guidelines are not followed by all members of our family.

We also agree to take care of any borrowed equipment and return it in good condition. We understand that we may be financially responsible for any damage caused to technology equipment during the time we are using this equipment outside of the school building.

Signed _____ Date _____

Electronic Signature Disclaimer: Please Type Parent/Guardian Full Legal Name
to Digitally Sign



Official legal form for the Diocese of Salina

Date _____

FORM B

MEDICAL INFORMATION

This form should be completed for any person (under 19 years of age) in parish religious education, Catholic schools, and youth programs and should be completed on an annual basis at the beginning of the program.

Diocese _____ Parish _____ School _____

Participant's Name _____

Date of Birth _____ Place of Birth _____

PLEASE PRINT OR TYPE

Participant's Regular Physician:

Name (first, middle, last): _____ Phone (including area code): _____

Medical Conditions:

Please list any medical conditions of the participant (asthma, diabetes, epilepsy, etc): _____

List below any physical condition the sponsors, doctors, nurses, or other medical personnel should be aware of:

Insect stings: _____

Fainting spells: _____

Allergies: _____

Ear infections: _____

Seizures: _____

Heart condition: _____

Headaches: _____

OTHER: _____

List any allergies or allergic reactions to medications of the participant: _____

Other pertinent medical information: _____

Date of Participant's last immunizations: MMR _____ TB _____ TETANUS _____

Special dietary needs/restrictions: _____

(over)

Medications:

Prescribed medication now being taken:

Type: _____ Dosage: _____ How often: _____

Activities individual should not participate in: _____

Medical Insurance Information:

Company: _____

Plan Number: _____ Employee Identification #: _____

Emergency Contacts:

Parent or Guardian

Name (first, middle, last): _____

Daytime Phone (including area code): _____ Evening Phone (including area code): _____

Other Contact

Name (first, middle, last): _____ Phone (including area code): _____

Relationship (friend, neighbor, coworker, etc): _____

St. Andrew's Elementary School Registration

This form must be completed in full and SIGNED by parent or legal guardian

PARENTAL INSURANCE WAIVER

- / / We/I, the undersigned, feel we have adequate insurance protection in case of an accident for our children attending school at SAS. We will not be completing the insurance application.
- / / We/I, the undersigned, will be completing the Insurance Application for our children attending school at SAS. (If you cannot complete the application at registration, please return it to the office the first week of school).

PARENT – STUDENT HANDBOOK

- / / We/I, the undersigned understand that we can access the 2018-2019 Parent/Student handbook online at <http://www.standrewsabilene.com> or we can request a copy from the school office. We/I agree to follow policies outlined in the handbook.

PARENT RELEASE FOR PUBLIC RELATIONS

Throughout the school year we take pictures of students, or post names of students, or use students' artwork for publicity which includes news releases, newsletter, yearbook, school website or social media page, etc. If you do NOT want your child's picture, name or artwork used please mark the following statement.

- / / We/I the undersigned, **DO NOT** want our child(ren) pictures, name or artwork used for publicity.

VIRTUS ONLINE TRAINING (For Regular Volunteers and Drivers)

- / / Yes, I have completed the online training (list names) _____

Because of Diocesan Policy you will not be able to volunteer in classrooms working with children or help with field trips until you have completed this training.

USE OF INTERNET/ACCEPTABLE USE POLICY

- / / We/I have reviewed the Acceptable Use of Internet Policy with our student(s) in the handbook and they agree to follow rules and guidelines for using the Internet at St. Andrew's School.

ANTI-BULLYING POLICY

- / / We/I have reviewed the anti-bullying policy with our student(s) in the handbook and they agree to follow the policy.

PARENT or LEGAL GUARDIAN

- / / **We/I, the undersigned, am legal guardian and/or parent of the listed student(s).** New families entering St. Andrew's School where one parent has sole custody, must provide a copy of court documents specifying legal guardianship. Also, families presently enrolled who have a change in marital status and custodial care must have on file in the school office proof of legal guardianship.

This form must be completed in full and SIGNED by parent or legal guardian

Name(s) of Students _____

Signature of parent or legal guardian for above listed student(s)

Date form completed