



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: _____

Returning Families: Please complete this page below and the next one only if there have been any changes to the information.

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)

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

Date



Official legal form for the Diocese of Salina
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 ministry programs and should be completed on an annual basis at the beginning of the program.

Diocese: Salina Parish _____ School _____

Participant's Name _____

Date of Birth _____ Place of Birth _____

Participants 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: _____

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

Special dietary needs/restrictions: _____

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): _____



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Annual Tuition, Grades K - 5

First Catholic Student \$1,200	_____
First Non-Catholic Student \$2,050	_____
Additional Catholic Student(s) \$850	_____
Additional Non-Catholic Student(s) \$1450	_____
Annual Book Fee (Per Student) \$100	_____

Preschool Tuition

Monday - Friday - All Day \$350.00/Month	_____
Deposit \$50.00	_____
Monday - Friday - AM \$150.00/Month	_____
Deposit \$35.00	_____
Mon., Wed., Friday - AM \$100.00/Month	_____
Deposit \$30.00	_____

All K – 5 families are also required to participate in the following:

Pay an additional \$150 in annual tuition or pledge to earn \$150 in SCRIP for the school. Any extra amount earned over \$150, up to a maximum of \$500 will be reimbursed back towards your tuition for the following school year. _____

Pay an additional \$500 in annual tuition or pledge to give 25 stewardship hours for school and/or Home & School activities. _____

Additional Fees

After School \$3.25/Hour

I will need after school care.

I will not need after school care.

Total _____



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ST. ANDREW'S ELEMENTARY SCHOOL REGISTRATION 2023-2024

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 2020-2021 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 agree to follow the Acceptable Use of Internet Policy in the school handbook and agree to follow rules and guidelines for using the Internet at St. Andrew's School and when using the school's devices.

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 _____

Signed _____ Date _____

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