

ST. PATRICK CATHOLIC SCHOOL



REGISTRATION PACKET (Grades K-8)

2018-2019 SCHOOL YEAR



St. Patrick Catholic Church

405 SOUTH CHURCH STREET • WENTZVILLE • MISSOURI • 63385

January 24, 2018

Dear St. Patrick School Families,

In today's economy, we recognize that choosing a Catholic education is not only a commitment to providing a faith-based education for your family, but a financial commitment as well. St. Patrick School has a long-standing tradition of providing an excellent education in the Catholic faith and a superior education in all academic areas, both of these taking place within the realm of a very close-knit parish family.

It takes each of us in order to make it a parish family. All of us, using our gifts and talents working together, unites us, and we become a living witness of what it means to be the Body of Christ. I encourage you to ask God how you can use your gifts and talents to improve our community. If you feel you are on the periphery, we need you and your service! I ask you to reflect upon your ability to support our school.

I do have good news! Some of your fees have gone away! Or at least they are being covered by our awesome Home and School Organization. That is your fundraising coming right back to help you! H&S will be covering the playground and party money fees.

On Form B1, you will find the current tuition for the coming year. With rising costs of health benefits and cost of living, the Parish Finance Council and Board of Education recommended we increase tuition 3%. We also discussed the need to stay on top of the demands of having a technology-forward school. We have added hundreds of Chromebooks and these all come with needed upkeep. Home and School has agreed to cover half of this cost. Instead of adding another fee (no one likes fees, we get it!), we added \$75 to the tuition per child. So the increase is 3% plus \$75 per child. If you have questions concerning this, please let me know.

Peace,

Fr. Brian Fischer

ST. PATRICK CATHOLIC SCHOOL

2018-2019 Registration Checklist

Please place a checkmark (X) on each line below as you complete the forms listed. Enrollment is not complete unless all necessary forms and fees have been returned. **All registration forms and fees are due on Friday, April 6, 2018.**

- A. **Student Information**
- B1. **2018-2019 Financial Commitment Form**
- B2. **Tuition Payment Preference Form**
- C. **Cumulative Record Form** - *Required for all students entering kindergarten and those new to St. Patrick School.*
- D. **2018-2019 Emergency Information**
- E. **Aftercare Program Registration Form (if participating in program)**
- F. **Archdiocese of St. Louis Media Authorization Form** - *A form with student names and parent signature needs to be on file for each family. If declining, parent should indicate so, sign form, and return.*
- G. **Student Acceptable Use Policy for Technology Form** - *Parent and students must each sign.*
- H. **Home & School Obligation Form** - *Parents must commit to H&S obligation.*
- I. **Parent Witness Statement** - *Parents are the primary educator of the faith.*
- J. **Records Request** - *Required for students new to St. Patrick, Grades 1-8*
- K. **School Uniform Order Forms** - *From Creative Stitches.*
- L. **Physical Examination Form - due by August 1** - *Required for those students entering grades K, 3, 6, and all students new to St. Patrick School. Please use this generic form or submit a copy of your doctor's record of a physical exam.*
- M. **Immunization Record – due by August 1** - *We must have an up-to-date form on file from physician/pediatrician BEFORE school starts.*
- N. **Check (\$175 for one child, \$350 for two children, or \$525 for three or more children)** - *Covers registration and consumable books.*
- O. **Copy of Baptism Certificate and Birth Certificate –** *Required for all students entering kindergarten and those new to St. Patrick School.*

Family Name _____

Parent/Guardian Signature _____ Date _____

2018 - 2019 Scholarship Information for Parents

One application is used to apply for all scholarships funded by the Catholic Education Office, the Roman Catholic Foundation of Eastern Missouri, and the Today & Tomorrow Educational Foundation. To apply, please visit www.ttef-stl.org and click Apply Here. The Scholarship Office at TTEF will review your family's application and determine if your family is eligible for any awards offered based on each program's guidelines and funding availability. **The application is online only and is free of cost!**

For families applying to Archdiocesan/parochial elementary schools: Funding is available through Alive! In Christ for approximately 500 new awards for students of all faiths. Alive! In Christ is first-come, first-served and the maximum award is \$2,000. Residents of the City of St. Louis applying for Archdiocesan and private schools in the City may instead be eligible to receive Help for Today, Hope for Tomorrow. Maximum award in this program is also \$2,000 and approximately 350 new awards will be available. Approximately 60 new awards will also be available through the Beyond Sunday scholarship program for Catholic families registered in a parish. The maximum award for new recipients in this program is \$1,750 and the application deadline is February 28, 2018. Because demand is high and preference for Beyond Sunday scholarships is given to Catholic families registered in a parish, it is expected that all new awardees will be registered Catholics.

For families applying to Archdiocesan and private-Catholic high schools: Approximately 35 new Beyond Sunday Fellows scholarships will be available, primarily for incoming freshmen applying for Archdiocesan high schools. Due to high demand, it is expected that all new awardees will be registered Catholics. The maximum award for new recipients in this program is \$3,500 and **the deadline to apply is February 28, 2018.**

For families currently receiving ANY scholarship: All families are encouraged to apply as early as possible. New and returning applications for Beyond Sunday, SOAR!, CFTA, and PEEF are due by February 28, 2018. Alive! In Christ is first-come, first-served, including for all eligible siblings! City residents should also apply as early as possible to be considered for new awards in Help for Today, Hope for Tomorrow. Requalification applications for Alive! In Christ and Help for Today, Hope for Tomorrow may be submitted through May 1, 2018. However, **you MUST apply by February 28** to be considered for any other programs.

Catholic Families applying to Archdiocesan/parochial elementary and high schools may be able to receive funding in addition to Alive! In Christ, Help for Today, Hope for Tomorrow, or Beyond Sunday, through Catholic Families Tuition Assistance. **Application deadline is February 28, 2018.**

Students of parish employees working 1,000 hours or more per year may receive funding in addition to Alive! In Christ, Help for Today, Hope for Tomorrow, or Beyond Sunday through the Parish Employees Endowment Fund. **Application deadline is February 28, 2018.**

Families currently receiving a Beyond Sunday scholarship are not affected by the new income guidelines or award amounts. Requalifying awards are not subject to new guidelines or award amounts in Beyond Sunday unless an award would increase.

APPLICATION AVAILABLE JANUARY 29, 2018!

Student Information

Form A

Father's Name: _____

Mother's Name: _____

_____ Yes, we will enroll our child/ren at St. Patrick School for the 2018-2019 school year.

_____ No, we will not enroll our child/ren at St. Patrick School for the 2018-2019 school year.

Please enroll the following child/ren for the 2018 - 2019 school year:

NAME OF CHILD (First and Last Name)	Gender	Entering Grade (K-8)	Date of Birth month/day/year
	M / F		
	M / F		
	M / F		
	M / F		

Please return this registration packet, along with the checklist and all required forms and fees (**\$175 for one child, \$350 for two children, or \$525 for three or more children** which covers registration and consumable books) to the St. Patrick School Office by **Friday, April 6, 2018**.

Please make checks payable to St. Patrick School. If you have any questions, please call the St. Patrick School Office at 636-332-9913. Thank you for entrusting your children to St. Patrick Catholic School!

Parent/Guardian Signature _____ Date _____

Total Amount of Check Enclosed \$ _____ Check No. _____

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2018-2019 Financial Commitment

Form B1

# of K-8 Students Enrolled	2018-2019 Parishioner Tuition	2018-2019 Actual Cost of Tuition (Non-Parishioner)	Total Increase from 2017-2018	Monthly Increase (FACTS-Option 3)
1	\$4,308	\$5,565	\$198	\$19.80
2	\$6,976	\$11,130	\$349	\$34.90
3 or more	\$7,931	\$16,695	\$449	\$44.90

All amounts include increase to cover technology needs.

- _____ We are able to support St. Patrick School with payment of the Actual Cost of educating my child/ren. ****Amounts over requested tuition are tax-deductible.**
- _____ We are able to support St. Patrick School with the noted additional amount over requested tuition. Additional support of \$_____ for the school year. ****Amounts over requested tuition are tax-deductible.**
- _____ We are able to support St. Patrick School with the requested tuition.

Registration & Book Fees (\$175 for one child, \$350 for two children, or \$525 for three or more children) are due April 6, 2018.

Number of K-8th Children in School, 2018-2019 _____

Responsible Party Name(s) _____

Responsible Party Signature _____ Date _____

K-8 TUITION PAYMENT PREFERENCE FORM Form B2

We are committed to paying \$ _____ for our child/ren's education for the 2018-2019 school year.

RESPONSIBLE PARTY NAME: _____

RESPONSIBLE PARTY EMAIL: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE: _____

OF STUDENTS _____ STUDENT NAME(S) _____

WE ARE REGISTERED AT _____ PARISH.

Tuition for the 2018-2019 payment plans

_____ **Option #1 – Full payment** of tuition by July 6, 2018, with a **2% discount** (no discount will be awarded after July 6th or if paid by credit card). **IF YOUR ACCOUNT IS NOT PAID IN FULL BY JULY 6, 2018, YOU MUST ENROLL IN FACTS. CALL THE PARISH OFFICE TO MAKE ARRANGEMENTS.**

_____ **Option #2 – 2 Payment plan through FACTS.** Payments withdrawn in July 2018 and January 2019 (Annual FACTS fee of \$10.00 will be deducted from your account shortly after the agreement is finalized).

_____ **Option #3 – 10 Monthly Payment Plan through FACTS.** The payments are budgeted over 10 months, July 2018 – April 2019. (Annual FACTS fee of \$43.00 will be deducted from your account shortly after the agreement is finalized.)

****Options 2 and 3: I want my automatic bank payments to be on the _____ 5th or _____ 20th of the month.**

If you were not previously enrolled in FACTS last year, sign up at
<https://online.factsmgt.com/signin/4313G>

This Payment Preference Form **must** be returned to the school office with your \$175 fees and registration packet. If you have any questions, please contact the parish office at (636) 332-9225.

Peace of Mind Tuition Protection Plan (POM): If enrolled in POM, FACTS will pay the remaining unpaid balance on your FACTS agreement (except payments in arrears) to your school in the event of the death of the covered person (responsible party or his/her legal spouse). Indicate below whether or not you wish to enroll. If no option is selected, your POM election will remain the same as the previous school year. (See FACTS contract for details)

_____ **Yes**, please enroll me in the POM plan, I agree to pay a nonrefundable annual fee of \$20.00 per FACTS Agreement. You must also complete the following information as it applies to the person responsible for payment. Coverage does not apply when cancer or complications related to cancer cause death, and the individual has received or been advised to receive medical advice, diagnosis, or treatment for cancer at the time coverage begins.

_____ **No**, I am not interested in the POM plan.

I agree to make tuition payments for the 2018-2019 school year according to the option indicated above. I have read the school policy regarding payment and agree to abide by this policy. The missed payment fee charged by FACTS will be \$30.00. If my bank information or any other enrollment information changes at any time, I will make the necessary changes to my online FACTS account.

I understand that there will be a \$100.00 fee assessed by the parish upon withdrawal of my child(ren) in the event that they do not complete the school year.

Responsible Party Signature _____ Date _____

Office Use Only SS _____ Invoice _____ FACTS _____ AIC _____ CFTA _____ BS _____ PARISH _____ IHM _____ OTHER _____

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2018-2019 Emergency Information

Form D

Family Name _____

Name of Oldest Child _____ Grade _____ Birth Date _____

Siblings at St. Patrick _____ Grade _____ Birth Date _____

_____ Grade _____ Birth Date _____

_____ Grade _____ Birth Date _____

We are Catholic _____ Yes _____ No

If not registered at St. Patrick, please indicate Parish _____

Children Live With _____ Mom and Dad _____ Mom _____ Dad _____ Joint Custody

Marital Status _____ **If divorced, parenting plan must be forwarded to school office.**

Mother's Full Name _____

Home Address _____

City _____ Zip Code _____

Cell# _____ Work# _____

Email Address _____

Occupation _____ Employer _____

Father's Full Name _____

Home Address _____

City _____ Zip Code _____

Cell# _____ Work# _____

Email Address _____

Occupation _____ Employer _____

Preference on which parent to call first: **Mother / Father**

2018-2019 Emergency Information

Form D

Additional Emergency Contacts

Name _____ Relationship _____ Phone# _____

Name _____ Relationship _____ Phone# _____

Name _____ Relationship _____ Phone# _____

Physician's Name _____ Office # _____

Dentist's Name _____ Office # _____

Hospital Preference _____ Location _____

Please indicate below those in family who have any allergy, medical condition, medication, medical diagnosis, or other situation that the of which school should be aware.

Name _____ Condition _____

Medication _____ Diagnosis _____

Name _____ Condition _____

Medication _____ Diagnosis _____

Name _____ Condition _____

Medication _____ Diagnosis _____

In case of accident or serious illness, if we and the people designated above are unable to be reached, I hereby authorize the school to call the physician listed and to follow his instructions. If this physician is unable to be contacted, the school may take whatever arrangements are deemed necessary.

Parent/Guardian Signature

Printed Name

Date

Aftercare Registration Form 2018-2019

Form E

The St. Patrick School Aftercare Program has a 1-3 day or a 4-5 day program available for students in Pre-K to 8th grade. The hours of operation of the St. Patrick School Aftercare Program are from 3pm to 6pm.

The fee for each of these programs is a 9-month yearly tuition. The tuition for Aftercare is based on a school year of 35 weeks. Half-days, holidays, and vacation days were taken into consideration. The tuition is calculated based on the number of days in the school year. This type of billing is implemented to accommodate the budget and projected needs of the program.

The 1st payment is due on Wednesday, September 5, 2018. Our billing will be on a monthly basis **following the 1st of the month** – for 9 months beginning on September 5, 2018.

1-3 DAYS PER WEEK

- 1 child - \$150.00 monthly x 9 = \$1,350.00.
- 2 or more children - \$200.00 monthly x 9 = \$1,800.00

4-5 DAYS PER WEEK

- 1 child - \$200.00 monthly x 9 = \$1,800.00
- 2 or more children - \$300.00 monthly x 9 = \$2,700.00

OCCASIONAL USE (Registration Form is needed.)

- If you need a day on occasion, you will be billed \$20.00 per day.
- If you need a week on occasion, you will be billed \$60.00 per week and \$25.00 additional per child.

LATE PICKUP FEE

- 6:01-6:15 = \$2 per minute
- After 6:15 = \$50.00 flat fee

Aftercare Registration Form 2018-2019

Form E

Student Name(s) _____

Address _____

City _____ Zip _____

Mother's Work # _____ Mother's Cell # _____

Father's Work # _____ Father's Cell # _____

Emergency Contact and Phone #: _____ Relation: _____

<u>Name(s) of Child(ren) to be enrolled</u>	<u>Food Allergies</u>	<u>Grade</u>

Please check how often your child(ren) will use Aftercare..

_____ Definitely will use _____ Not sure yet

_____ 1-3 days	1 child- \$150.00 monthly x 9 = \$1350.00
	2 or more children \$200.00 monthly x 9 = \$1800.00
_____ 4-5 days	1 child- \$200.00 monthly x 9 = \$1800.00
	2 or more children \$300.00 monthly x 9 = \$2700.00

On which days? **M Tu W Th F**

_____ Occasional use (Registration Form is needed.)

- If you need a day on occasion, (like on early dismissal days) you will be billed \$20.00 per day.
- If you need a week on occasion, you will be billed \$60.00 per week and \$25.00 additional per child.

The following people may pick up my child from Aftercare:

1. _____ Phone# _____
2. _____ Phone# _____
3. _____ Phone# _____
4. _____ Phone# _____

Archdiocese of St. Louis Media Authorization Form, Form F

For marketing and publicity purposes, there may be times when the school/parish/archdiocese wishes to use your and/or your child(ren)'s image, name, recording, or academic work in various media for marketing and/or publicity purposes. You may choose the appropriate level(s) of authorization. For your convenience, this one form covers all members of your family on one form.

AUTHORIZATION

Archdiocese of St. Louis: I grant permission to use my or my child's image, name, recording, or academic work in communications that include, but are not limited to, archstl.org, *St. Louis Review*, *Catholic St. Louis* magazine, archdiocesan social media, and any publication(s) by agencies administered by the Archdiocese of St. Louis.

Yes No

Parish/School: I grant permission to use my or my child/ren's image, name, recording, or academic work in communications that include, but are not limited to, parish bulletin, school newsletter, student newspaper, admission videos, parish/school website and social media.

Yes No

Sponsoring Organizations: I grant permission to use my or my child's image, name, recording, or academic work in websites, videos, and publications created by independent foundations and corporations that support Catholic education but are not legally connected to the Archdiocese of St. Louis, including, but not limited to, Today and Tomorrow Educational Foundation, Roman Catholic Foundation of Eastern Missouri, Access Academies, English Tutoring Project, and United Way.

Yes No

Secular media outlets: I grant permission to use my or my child/ren's image, name, recording, or academic work in secular media communications including, but not limited to, print, radio, TV and Internet (Examples: St. Louis Post-Dispatch, KMOX radio, and KSDK-TV).

Yes No

Family Authorization *(Please print clearly.)*

Family Name: _____

Phone: _____ Email: _____

School Name: _____

Parish Affiliation (if applicable): _____

Parent 1 Name: _____

Parent 2 Name: _____

Child(ren's) Name(s):

1. _____ Grade _____ Age _____

2. _____ Grade _____ Age _____

3. _____ Grade _____ Age _____

Parent/Legal Guardian Signature: _____ Date _____

Notes: (for staff only)

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Student Acceptable Use Policy for Technology Form G

Technology and the internet provide valuable resources, both for learning today and preparing our students for the future. The following guidelines are to be followed by all students. We ask that all students and parents agree to:

Students will...

- Use the internet at school for school related activities only.
- Use the internet only with permission from a teacher.
- Use care in the handling and use of technology equipment, including extra care in the carrying of Chromebooks from class to class.
- Refrain from writing, sending, downloading, or displaying inappropriate, obscene, threatening, or otherwise harmful messages or pictures.
- Refrain from reading or changing files that do not belong to them.
- Refrain from sharing their personal address, phone number, or any other personal contact information over the internet. They should not share personal information over the internet. They will not share personal information about others, including peers and teachers over the internet.
- Refrain from copying, downloading, or installing any software or programs to or from school technological devices. (desktops, laptops, chromebooks)
- Use flash drives with teacher permission only. The use of Google Drive is highly recommended over USB drives.
- Seek guidance from the teacher if they encounter any site or material that is inappropriate, or they are unsure how to proceed.
- Refrain from changing system settings even if temporary, unless directed by the teacher.
- Refrain from knowingly accessing any sites, or follow any links that would be offensive to any students, teachers, or parents because of: pornographic content, nudity, or obscenity; racial, ethnic, or minority slurs; violent or illegal content.
- Refrain from using communications or depictions through email, text messages, or web site postings, whether they occur through the school's equipment or connectivity resources or through private communications, which: (1) are of sexual nature; (2) threaten, libel, slander, malign, disparage, harass or embarrass members of the school community or (3) in the principal's discretion, cause harm to the school, or the school community (collectively referred to as "Inappropriate Electronic Conduct"). Inappropriate Electronic conduct shall be subject to the full range of disciplinary consequences, including withdrawal for cause.
- Refrain from the use of cell phones by students during the school day is prohibited. This includes voice and text communications, and photo texting.
- Give credit in the bibliographic format to any source obtained from electronic searches. Claiming ownership of any material cut or copied from the Internet is prohibited.
- Adhere to the Archdiocesan Policy regarding (5202.6) "Instructional Use of Copyrighted Materials"

All Catholic Schools of the Archdiocese of St. Louis should adhere to the current copyright laws governing printed material, videotape, computer software, music, multimedia presentations, and internet web sites & resources. No unauthorized copies of copyrighted materials in any form should be made or used on equipment owned by or borrowed or leased from a school. No school staff, students, or others should use any form of unauthorized copies of copyright materials for any purpose within the school's instructional programs. "Fair Use" of copyrighted materials is allowed for specific instructional purposes within the limits of the "Fair Use" limitations.

Student Acceptable Use Policy for Technology FORM G

CONSEQUENCES OF USER POLICY VIOLATIONS:

1. Parent notification
2. Loss of St. Patrick School Electronic Media Privileges
3. Disciplinary action for "Inappropriate Electronic Conduct" shall be subject to the full range of disciplinary consequences, including withdrawal for cause.

SUPERVISION AND MONITORING:

School and network administrators and their authorized employees monitor the use of information technology resources to help ensure that users are secure and in conformity with Archdiocesan and the above listed St. Patrick procedures. Administrators reserve the right to examine, use and disclose any data found on the school's information networks in order to further the health, safety, discipline, or security of any student or other person, or to protect property. This information may also be used in disciplinary actions, and will furnish evidence of criminal activity to law enforcement.

Student: "I have read these Student Guidelines for Acceptable Internet Use and agree to use the internet and technology at St. Patrick School in a way that is consistent with these policies. I understand that failure to do so will result in the loss of my internet and technology privileges and/or other disciplinary action as deemed appropriate by school officials."

Please have each student in the family sign this form.

Student Signature _____ Grade _____

Student's Printed Name _____ Date _____

Student Signature _____ Grade _____

Student's Printed Name _____ Date _____

Student Signature _____ Grade _____

Student's Printed Name _____ Date _____

Student Signature _____ Grade _____

Student's Printed Name _____ Date _____

Parent: "I have read and discussed these Student Guidelines for Acceptable Internet Use with my child. I understand that the technology and internet will be used at St. Patrick Catholic School as an educational tool."

Parent Signature _____ Date _____

Parent's Printed Name _____

Home & School Association Obligation, 2018-2019 Form H

St. Patrick's Home & School Association includes the parents and guardians of the students of St. Patrick School and the pastor, principal, and faculty of St. Patrick School. All members are expected to actively participate and support the efforts of the Home & School Association.

The objectives of St. Patrick's Home & School Association are:

1. To support the faith development and religious growth of the students in the school.
2. To promote communication among the parents, teachers, and administration.
3. To provide parents with the information to aid in education, growth, and development of their children.
4. To support St. Patrick School through hospitality, fundraising, social events, and volunteer activities.

The financial support provides the school with additional funds not included in the school's budget. These funds are typically used to buy textbooks and educational resources for the St. Patrick School teachers. This year, Home & School has committed to paying \$30,000 for technology, paying \$25 for each student to have adequate playground supervision, and paying \$15 for each student to have classroom parties.

Home & School Obligation

As members of the Home & School Association, each family is required to generate revenue to the organization. **The Home & School obligation for the 2018-2019 school year is \$200 per family.** This amount can be raised in two ways:

OPTION 1 - _____(Buyout) Pay \$200 before the first day of school, August 15, 2018. Checks should be made payable to St. Patrick School.

OPTION 2 - _____(Fundraise) Family participation in the Home & School fundraisers and Scrip sales. There are several fundraisers sponsored by Home & School in which a family can generate money toward their \$200 obligation. Scrip is available through St. Patrick School and Parish on a weekly basis, and Scrip participation has the potential to earn tuition reimbursement money for the following school year. Each time a parent volunteers for lunch/recess duty, \$5 will be added towards their Home & School obligation. Any portion of the Home & School obligation not met through fundraising is due by April 30, 2019. Option 2 can be met from July 1, 2018 until April 30, 2019.

Please check one of the above options to indicate how you would like to meet your Home & School obligation. The more funds generated to St. Patrick's Home & School Association, the more options will be available to help St. Patrick School.

Family Name _____

Parent/Guardian Signature _____ Date _____

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Parental Witness Statement
For Those Whose Children Attend Catholic Education

Form I

One of the supreme gifts of marriage is bringing forth new life. God entrusts children to parents, who have a primary right and duty to educate their children in the practice of their faith. Parents carry out this responsibility by creating a home full of love, forgiveness, respect, and fidelity. The family is the community in which, from childhood, one honors God and learns moral values.

In the rite of the sacrament of Baptism, parents receive the call from God to evangelize their children, as here is summarized.

You have asked to have your child baptized. In doing so, you are accepting the responsibility of training him/her in the practice of the faith. It will be your duty to bring him/her up to keep God's commandments as Christ taught us, by loving God and our neighbor.....You will be the first teachers of your child in the ways of the faith. May you be also the best of teachers, bearing witness to the faith by what you say and do, in Christ Jesus our Lord.

It is no wonder, then, that the Church understands the home to be the domestic church. It is in the intimate environment of the family that parents are, by word and example, the first heralds of the faith with respect to their children. This environment is enhanced and deepened through the parish Eucharistic community that is the heart of the spiritual life for Christian families.

Catholic schools and parish religious education programs are in partnership with the family in proclaiming and witnessing to the person and life of Jesus Christ. They assist parents in fulfilling their responsibility as the primary religious educators of their children.

Aware, then, of the dignity of this holy parental call, and with a reverent awe for that responsibility which is mine, I commit myself to be, in word and deed, the first and best teacher of my children in the faith. Practically, this means I should:

- Regularly participate in the Sunday Eucharist (if not Catholic, regularly participate in worship and prayer) with my family.
- Commit to speaking more with my children about God and to include prayer in our daily home life.
- Participate in and cooperate with School or Parish programs that enable me as a parent to take an active role in the religious education of my children, including sacramental preparation for Catholic children.
- Support the moral and social teachings of the Catholic Church to ensure consistency between home and school.
- Teach my children by word and example to have a love and concern for the needs of others.
- Meet my financial responsibilities in supporting St. Patrick School by sharing my Time, Talent, and Treasure.

Parent Signature _____ Date _____

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Request for Student Records (new students)

Form J

Date of Request _____

Student Information

Student Last Name _____

Student First Name, Middle Initial _____

Place of Birth (City/State) _____ Grade _____ Date of Birth ___/___/___

Parent/Legal Guardian Information

Last Name _____ First Name _____

Relationship to Student _____ Phone # _____

Current Address _____

City _____ State _____ Zip Code _____

I hereby request that records for the student identified above be provided to the school identified below. I certify that as parent/legal guardian and/or student, I have the legal right to authorize the release of this information.

Parent/Legal Guardian Signature _____

The records requested include the following:

- Cumulative record of grades, attendance, and standardized test scores
- Special needs evaluation, diagnostic report, and current prescriptions for adjustments
- Immunization record, vision and hearing screening, and special health care need information.

Records Requested from

School Name _____ Phone # _____

School Address _____

City _____ State _____ Zip Code _____

Send Records to:

School Name **St. Patrick Catholic School**

Phone # **636-332-9913**

Email principal@stpatsch.org, office@stpatsch.org

Fax # **636-887-2065**

School Address **701 S. Church Street**

City **Wentzville**

State **MO**

Zip Code **63385**

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P.E. Uniform Order Form 2018-2019

Grades 6-8

Form K

Each student in grades 6-8 is required to wear a special uniform for P.E. class. The uniform shirt consists of a gray crew neck t-shirt with a St. Patrick logo. The uniform shorts are green micromesh and drawstring elastic waist. Sample shirts and shorts are in the office for sizes to try on.

P.E. T-Shirt: \$5

St. Patrick Grey P.E. T-shirt: _____

Available Sizes: (circle size)

						Quantity	Total Price			
Youth M	Youth L	Youth XL	Adult S	Adult M	Adult L	Adult XL	Adult 2XL	Adult 3 XL		

P.E. Shorts: \$11

P.E. Green micromesh shorts: _____

Available Sizes: (circle size)

<u>Girls Youth M</u>	<u>Girls Youth L</u>	<u>Boys Youth M</u>	<u>Boys Youth L</u>
Waist 22-23	Waist 23-24	Waist 22-23	Waist 23- 24

<u>Girls Jr. Adult S</u>	<u>Girls Jr. Adult M</u>	<u>Boys Jr. Adult S</u>	<u>Boys Jr. Adult M</u>
Waist 24	Waist 26	Waist 24	Waist 26

<u>Girls Jr. Adult L</u>	<u>Girls Jr. Adult XL</u>	<u>Boys Jr. Adult L</u>	<u>Boys Jr. Adult XL</u>
Waist 28	Waist 30	Waist 28	Waist 30

<u>Girls Jr. Adult 2XL</u>	<u>Girls Jr. Adult 3XL</u>	<u>Boys Jr. Adult 2XL</u>	<u>Boys Jr. Adult 3XL</u>
Waist 32	Waist 34	Waist 32	Waist 34

	+ _____	+ _____
	Total Order Quantity	Total Order

Student's Name _____ Grade _____

Phone Number _____

Please make checks payable to: Creative Stitches

Method of Payment:

Visa Mastercard Discover
 Cash
 Check

Cardholder's Name (Print) _____
 Card Number _____
 Expiration Date: _____ 3-Digit Security Code _____
 Cardholder's Signature _____

Sample sizes are available in school office to try on.

Return order form to school by July 3rd for August 12th delivery to St. Patrick School.

Any orders turned in after July 3rd are not guaranteed before the start of school on August 15th.

Questions? Please call Creative Stitches 636-332-6394 or e-mail info@creativestitches.us

2018-19 ST. PATRICK SCHOOL ORDER FORM

Form K

Student Name _____ Grade _____ Phone Number _____



#1 Short Sleeve Uniform Green Collar Shirt: \$10

Available Sizes: (circle size) White Cross on Collar Quantity _____ Total Price _____
Youth S Youth M Youth L Youth XL
Ladies S Ladies M Ladies L Ladies XL Ladies 2XL
Mens S Mens M Mens L Mens XL Mens 2XL

#2 Crewneck Forest Green Sweatshirt: \$15

Available Sizes: (circle size) White St. Patrick Center Front Logo Quantity _____ Total Price _____
Youth S Youth M Youth L Youth XL
Adult S Adult M Adult L Adult XL Adult 2XL Adult 3XL



#3 Sweatshirt Quarter Zip: \$20

Available Colors: (circle color) Navy Grey Quantity _____ Total Price _____
Available Sizes: (circle size) Left Chest Logo: White on Navy & Green on Grey Shirt
Youth S Youth M Youth L Youth XL
Adult S Adult M Adult L Adult XL Adult 2XL Adult 3XL



#4 Spirit Wear T-Shirt: \$8

Available Sizes: (circle size) White St. Patrick Alive in Christ Logo Quantity _____ Total Price _____
Youth S Youth M Youth L Youth XL
Adult S Adult M Adult L Adult XL Adult 2XL Adult 3XL



#5 Leggings: Navy \$12.50

Available Sizes: (circle size) White St. Patrick Logo on Left Ankle Quantity _____ Total Price _____
Youth Extra S Youth S Youth M Youth L
Junior Extra S Junior S Junior M Junior L Junior XL Junior 2XL



#6 Long Sleeve Uniform Green Collar Shirt: \$12.00

Available Sizes: (circle size) White Cross on Collar Quantity _____ Total Price _____
Youth S Youth M Youth L Youth XL
Adult S Adult M Adult L Adult XL Adult 2X **(NO LADIES SIZES AVAILABLE for #6)**

Sample Shirts are in the office for sizes to try on! Questions? Please call Creative Stitches 636-332-6394 or e-mail info@creativestitches.us. Please make check payable to: **Creative Stitches.**

Total Order Quantity _____ Total Order _____

Method of Payment ___ Visa ___ Discover ___ MasterCard ___ Cash ___ Check
Cardholder's Name (Print) _____
Card Number _____
Expiration Date _____ 3Digit Security Code _____
Cardholder's Signature _____

Physical Examination Form

Form L

A Physical Examination is required before school starts for the following:

- Students **entering Kindergarten**
- Students **entering Grades 3 and 6**
- Students **new** to St. Patrick School

Please ask your pediatrician for a copy of the physical examination form used in his office or you may use this generic form.

An update-to-date physical form (K, 3rd, 6th) and a copy of current immunization record (all students) are due to the school office by Wednesday, August 1, 2018, or your child will not be allowed to start on the first day of school.

Physical Examination Form

Form L

In accordance with the recommendations of the **Saint Louis Archdiocese Health Advisory Committee**, all children are expected to have a complete physical examination upon entrance to **Preschool, Kindergarten, 3rd Grade, 6th Grade, 9th Grade, and all newly enrolled students** who have not had a physical examination within the past twelve (12) months. The physical examination must be complete and signed by a medical doctor or physician assistant/nurse practitioner working under a collaborative practice agreement with a medical doctor.

This form is provided for the convenience of your child's physician. At the time of the examination, please have your physician complete and sign this form. **It is expected that *each* student have this form on file at school by Wednesday, August 1, 2018.**

School _____ Grade _____

Student's Name _____ DOB _____

Male or Female _____ Date of Exam _____

Height _____ Weight _____ BP _____ Pulse _____ BMI _____

General Appearance

Nutrition _____ Nose _____ Abdomen _____ Skin _____ Mouth _____ Back _____

Lungs _____ Genitalia _____ Head _____ Throat _____ Extremities _____ Heart _____

Neck _____ Eyes _____ Neurologic Exam _____

Physician comments & recommendations - Give details of Management of Significant

Illnesses _____

Can student carry a full program of school work? **Y / N**

Should physical activity be restricted **Y / N** (if no, explain) _____

Hearing Test: Type of Test _____ R L Both

Vision Test: Type of Test _____ R L Both

Physician Signature: _____ Date _____

Print Physician Name _____

Please attach a copy of the current immunization record here.