

Student Information/Emergency Medical Form 1.0

St. Andrew Parish School ◇ 115 S. 7th Street, Delavan, WI 53115 ◇ P: 262-728-6211 F: 262-728-3683

Family Last Name (PRINT): _____

Address (Street, City, Zip Code): _____

Where can we reach you in case of illness or emergency?

Mother/Guardian Name: _____ Home Phone: _____

Cell Phone: _____ E-mail: _____

Father/Guardian Name: _____ Home Phone: _____

Cell Phone: _____ E-mail: _____

Doctor Information:

Local Physician's Name: _____ Phone Number: _____

Local Dentist's Name: _____ Phone Number: _____

Other Adults who will assume temporary care of your child if you cannot be reached:

1. Name _____ Relationship to Child: _____

Phone Number (s) during school day: _____

2. Name _____ Relationship to Child: _____

Phone Number (s) during school day: _____

3. Name _____ Relationship to Child: _____

Phone Number (s) during school day: _____

1. Student Name: _____ Grade: _____

Birth Date: ____/____/____ Health Condition: _____

Allergy: _____ Severity: Mild Severe Life-Threatening

Prescribed Medications, Allergies or Health Concerns: YES NO (Epi-Pen, Inhaler, Diastat, etc.) _____

Symptoms, Requests, and Treatment: _____

2. Student Name: _____ Grade: _____

Birth Date: ____/____/____ Health Condition: _____

Allergy: _____ Severity: Mild Severe Life-Threatening

Prescribed Medications, Allergies or Health Concerns: YES NO (Epi-Pen, Inhaler, Diastat, etc.) _____

Symptoms, Requests, and Treatment: _____

3. Student Name: _____ Grade: _____

Birth Date: ____/____/____ Health Condition: _____

Allergy: _____ Severity: Mild Severe Life-Threatening

Prescribed Medications, Allergies or Health Concerns: YES NO (Epi-Pen, Inhaler, Diastat, etc.) _____

Symptoms, Requests, and Treatment: _____

4. Student Name: _____ Grade: _____

Birth Date: ____/____/____ Health Condition: _____

Allergy: _____ Severity: Mild Severe Life-Threatening

Prescribed Medications, Allergies or Health Concerns: YES NO (Epi-Pen, Inhaler, Diastat, etc.) _____

Symptoms, Requests, and Treatment: _____

In case of an accident or serious illness, I request the school to contact me. I also authorize the school to take emergency measures as necessary, including calling 911. THE MEDICAL PROVIDER AUTHORIZATION FORM FOR PRESCRIPTION MEDICATION SIGNED BY DOCTOR AND PARENT MUST ACCOMPANY MEDICATION AND BE TURNED IN TO THE OFFICE.

Parent/Guardian Signature: _____ Date: _____

Transportation Information 1.2

St. Andrew Parish School
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COMPLETE ONE FORM PER FAMILY

Student Name(s):

Grade:

1.

2.

3.

4.

At the end of the school day, my child will USUALLY leave St. Andrew by the following:

- Stay at Spartan Club After-School daycare program
- Walk to home or care-provider
- Bike home (please have your students wear bike helmets and use bike locks)
- Car-Rider: Will be picked up by (name) _____
- Shuttle Bus #17 to Turtle Creek School
_____Then transfer to Bus # _____
_____Walk to home or care provider

The following days are exceptions to this plan:

Day(s) of week: _____

Means of transportation: _____

IF YOU CHANGE THIS SCHEDULE, YOU MUST SEND A NOTE TO YOUR CHILD'S TEACHER.

If your plans change at the last minute, you can call the school office and we will relay the message to the teacher. **IF AT ALL POSSIBLE, PLEASE CALL BEFORE 2:00 P.M.**

Parent Signature: _____ Date: _____

Photo Permission Letter 1.3
St. Andrew Parish School
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From time to time we have opportunities to publish photos of the children who attend St. Andrew Parish School. We need to have your permission to use these photos when the opportunity presents itself.

Please complete the information below and return it to school.

Parent Name (print) _____

Student Name(s):

Grade:

1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

Circle YOUR choices for the following:

- | | | |
|-----|----|--|
| Yes | No | St. Andrew Parish School has my permission to print my child(ren)'s photos in print media (newspapers / magazines). |
| Yes | No | St. Andrew Parish School has my permission to print my child's name with any printed photos in print media. |
| Yes | No | St. Andrew Parish School has my permission to use my child's photo on the internet (St. Andrew School website, classroom websites, or social media). Name will not be used. |
| Yes | No | St. Andrew Parish School has my permission to publish my child's name in lists (such as honor roll, spelling bee participation, team) that may be printed in newspapers. |

Parent Signature _____ Date _____

School Family Directory 1.4

St. Andrew Parish School
115 S. 7th Street, Delavan, WI 53115
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Family Name: _____

The Family Directory will be available to you early in October. These directories list all students in the school, with their family's names, addresses, phone numbers, and email addresses. We will NOT give this information out to non-school families or promotional firms. This is only for school families' use.

- DO NOT INCLUDE:** I do not wish to have any of our family's information listed in the Family Directory for this current year. *I know that only my children's names will be included.*
- NO CHANGES NEEDED:** I give permission to St. Andrew Parish School to include the same family information without changes from last year's Directory. There have been no changes to our address, phone or email since last October. **There were no errors in our information as listed.**
- ADD OR CHANGE:** I give permission to St. Andrew Parish School to include the following information in the Family Directory for this current school year. (Include all information you want printed. For example, if you do not want your phone number listed, please leave it off of this form.) **PRINT CAREFULLY, PLEASE!**

Parent's First Name(s) _____

Address _____

City, State, Zip _____

Phone #(s) _____

Email Address(es) _____

Student Name(s) _____ Grade _____

_____ Grade _____

_____ Grade _____

_____ Grade _____

I do not have access to the Internet.

Parent/Guardian Home Language Survey 1.5

St. Andrew Parish School
115 S. 7th Street, Delavan, WI 53115
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We want your child to be able to learn and to achieve. Please help us learn about your child, so we can work together to place your child in the appropriate educational program.

Student Name (s): _____

Address: _____

Phone Number: _____

Relationship of Person Completing Survey: _____

Directions: Check the correct response for each of the following questions and indicate other languages if appropriate.

	English	Other	Other Language (s)
What language did your child speak when he/she first began to talk?			
What languages does your child speak at home?			
What language does the child speak to his/her parents most of the time?			
What language does the child speak to his/her brothers/sisters most of the time?			
What language does the child speak to his/her friends most of the time?			
What language does the parent/guardian use when speaking to the child?			

	Yes	No	Other Language (s)
Can an adult family member or extended family member speak English?			
Can an adult family member or extended family member read English?			
Do the parents/guardians want a translator/interpreter available at school conferences?			
Do the parents/guardians want oral communication from the school to be in English?			
Do the parents/guardians want written communication from the school to be in English?			

Parent Name (PRINT): _____

Signature of Person Completing Survey: _____

Date: _____

Parent/Legal Guardian Permission Slip & Indemnity Agreement 1.6

St. Andrew Parish School
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I consent to the participation of my child/ward to all Field Trips or Curriculum Activities conducted by St. Andrews Parish School. In consideration for my child's/ward's participation, I agree to reimburse and indemnify the Parish, School, and Archdiocese of Milwaukee for all reasonable legal court fees incurred by the Parish/School in defending a lawsuit that I or my child/ward may bring against the Parish/School is found not legally liable by the courts and prevails in the lawsuit. If the Parish/School is found legally liable for injuries sustained by child/ward, this paragraph will not apply.

Child/Ward: _____ Grade: _____
_____ Grade: _____
_____ Grade: _____
_____ Grade: _____

Parish / School: _____

I certify that I have an understanding of this agreement and any risks and hazards associated with the activity that my child/ward will be participating in. I further understand that I had the opportunity to fully discuss this agreement with a representative of the Parish/School to clarify concerns or questions about the activity or this agreement that I may have had.

Parent/Legal Guardian Name (print)

Parent/Legal Guardian Signature

Date: _____

Address

Home or Cell Phone Number

Emergency Medical Treatment 1.7

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In the event of an Emergency, I give permission to transport my child to a hospital for Emergency Medical Treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an Emergency, if you are unable to reach me, please contact my Emergency Contact Person listed below:

Primary Parent/Guardian Contact Name(s)

Primary Contact Number(s)

Emergency Contact Name

Emergency Contact Number

Please list any/all possible allergies, medication, or medical information about your child/ward, which may be pertinent to his/her participation in any/all School or Athletic Activity:

1. _____
2. _____
3. _____

This form has been prepared by and is required by the Archdiocese of Milwaukee's Protected Self-Insurance Program : Catholic Mutual Group (414) 255-6906
Archdiocese of Milwaukee (Sept.2013, Policy#6153(b))



CONFIDENTIAL FAMILY / STUDENT INFORMATION

I. STUDENT'S (LEGAL) NAME:

FIRST NAME:		LAST NAME:	
HOME ADDRESS:	CELL:	HOME PHONE:	
STUDENT'S BIRTH DATE:			

CHILD'S PARENTS:

FATHER'S FULL NAME:
MOTHER'S FULL NAME:

GUARDIANS:

LEGAL CUSTODIANS:

II. PLEASE FILL OUT ONLY IF PARENTS ARE: (Check All That Apply)

<input type="checkbox"/> DIVORCED	<input type="checkbox"/> SEPARATED	<input type="checkbox"/> REMARRIED	<input type="checkbox"/> WIDOWED	<input type="checkbox"/> UNMARRIED
INDIVIDUAL WITH WHOM THE CHILD PRIMARILY LIVES:				
CHECK RELATIONSHIP:				
<input type="checkbox"/> FATHER	<input type="checkbox"/> MOTHER	<input type="checkbox"/> OTHER (STATE RELATIONSHIP)		
DOES THE PARENT WITH WHOM THE CHILD DOES NOT LIVE HAVE ANY COURT RESTRICTIONS PLACED ON HIS/HER PARENTAL RIGHTS?				
<input type="checkbox"/> YES	<input type="checkbox"/> NO	* IF YES, WHAT ARE THE RESTRICTIONS?		
IF THE CHILD LIVES WITH THE REMARRIED PARENT, IS THE PARENT'S SPOUSE THE ADOPTIVE PARENT?				
<input type="checkbox"/> YES	<input type="checkbox"/> NO			

*PLEASE SUBSTANTIATE THESE ITEMS BY ATTACHING A COPY OF THE COURT ORDER/DIVORCE DECREE TO THIS FORM.

PARENT/LEGAL GUARDIAN:	DATE:
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By entering my full name, I attest that this constitutes my legal electronic signature on this form.



STUDENT ACCEPTABLE USE POLICY

Use of computers and the Internet provides great educational benefits to students. Network and Internet access is provided to further the legitimate educational goals of this institution. Access to the Internet and the use of the computer network is given as a privilege to students. All students and their parents or guardians are required to read, accept, and sign the following rules for acceptable online behavior.

Rules for Acceptable Use:

1. Students accept responsibility to act in a moral and ethical manner when using the computer system and Internet. General school rules for behavior and communication apply.
2. Network storage areas and school issued or personal devices may be treated like school lockers or desks. Administrators may review email, files, device content, and communications to maintain system integrity and ensure that users are using the system responsibly. They may also request access to these types of documents maintained on third-party servers being used for educational purposes. Users should not expect that files will always be private.
3. The following are not permitted:
 - a. Sending or displaying offensive message or pictures.
 - b. Using obscene language
 - c. Harassing, insulting or attacking others
 - d. Tampering with or damaging computers, computer systems or networks
 - e. Violating copyright laws
 - f. Using another's password
 - g. Trespassing in another's folders, work or files
 - h. Wasting limited resources
 - i. Employing the network for personal, commercial, or non-academic purposes
 - j. Circumventing security measures on school/parish or remote computers or networks
 - k. Revealing the personal address or phone number of yourself or any other person without the appropriate prior approval
4. Violations may result in a loss of access to technology, loss of credit for the class, suspension from school, and other disciplinary action.

I have read the rules for acceptable online behavior, understand the rules, and agree to comply with the above stated rules. Should I violate the rules, I understand that I may lose privileges at the school/parish.

Student Signature

Date

As the parent or legal guardian of the above named student, I grant permission for her/him to use the school technology and to access the network or computer services such as e-mail, files, cloud storage, websites, and other Internet resources used for educational purposes. I understand that all students use a filtered connection to the Internet that is designed to protect them from inappropriate materials. I understand that no filter can catch 100% of these sites, but the school makes a good faith attempt in this area. I understand there could be disciplinary action if the above named student does not follow the guideline set for acceptable use of the school technology.

Parent Signature

Date

By entering my full name, I attest that this constitutes my legal electronic signature on this form.

**St. Andrew Parish School Spartan Club Registration
2021-2022 School Year-One Form Per Family**

Name of Student _____ Grade _____

Name of Student _____ Grade _____

Name of Student _____ Grade _____

Name of Student _____ Grade _____

Mother's Name _____

Cell Number _____ Other Phone Number _____

Father's Name _____

Cell Number _____ Other Phone Number _____

Other Emergency Contact Information

Name _____

Cell Number _____ Other Phone Number _____

Spartan Club will be offered before school from 7:00 am to 8:00 am and after school from 3:15 pm to 4:45 pm Monday through Friday.

The Registration Fee is \$10.00. Payment is appreciated with this form.

The hourly rate is **\$4.00 an hour per student rounded to the nearest quarter hour.**

Please circle the days you expect to participate in Spartan Club.

Before School

Monday Tuesday Wednesday Thursday Friday

After School

Monday Tuesday Wednesday Thursday Friday

School Supply List for the 2021-2022 School Year

St. Andrew Parish School

115 S. 7th Street, Delavan, WI | 262-728-6211

Please bring all supplies to school on *Ready, Set, Goal Day* Thursday, September 2nd or Friday, September 3rd, 2021

Early Childhood Center - 3K and 4K Supplies

PLEASE DO NOT LABEL THE FOLLOWING ITEMS

- 2 large containers of disinfectant wipes
- 1 ream of copy paper
- 3 rolls of select-a-size paper towel
- 3 boxes of Kleenex tissues
- 1 bottle of hand sanitizer

PLEASE LABEL THE FOLLOWING ITEMS WITH YOUR CHILD'S FIRST AND LAST NAME

- Large school backpack with side pocket for personal water bottle
- 2 boxes of 24 Crayola crayons
- 1 box of Crayola washable markers, fine line, 8 classic colors
- 1 box of Crayola washable markers, broad line, 10 classic colors
- 4 glue sticks
- 1 blue folder
- 4K only: gym shoes with non-marking soles, Velcro, zipper and slip-ons

Kindergarten (5K) Supplies

PLEASE DO NOT LABEL THE FOLLOWING ITEMS

- 1 box sandwich ziplock bags (girls)
- 1 box of gallon ziplock bags (boys)
- 2 large containers of Lysol wipes
- 2 reams multi-use paper (printer/copier)
- 5 expo dry erase markers-black
- 2 individual hand sanitizers- 1 for classroom, 1 for themselves

PLEASE LABEL THE FOLLOWING ITEMS WITH YOUR CHILD'S FIRST AND LAST NAME

- Large school backpack (zippers are best)
- 20 #2 plain sharpened yellow pencils
- 1 zippered pencil bag
- 4 boxes of 24 crayons
- 1 box thin markers
- 1 box broad markers
- 2 glue sticks
- 1 child Fiskars scissors, blunt tip
- 1 4oz. Elmer's SCHOOL glue (black label)
- Headphones for computer lab
- 1 blue plastic folder with prongs
- Gym shoes with non-marking soles. Please make sure that they are Velcro, zipper or slip-ons.
- Old, Adult size shirt (not tee) for art smock -labeled

First Grade Supplies

PLEASE DO NOT LABEL THE FOLLOWING ITEMS

- 2 4-oz. Elmer's SCHOOL glue (black label)
- 1 Glue Stick
- 2 reams multi-use paper (printer/copier)
- 48 yellow #2 pencils (please sharpen)
- 2 large containers of Lysol wipes
- 1 can of Lysol spray
- 2 individual hand sanitizers- 1 for classroom, 1 for themselves
- 3 boxes of Kleenex
- Girls 1 box quart size Ziploc bags

(First Grade Continued)

- Boys 1 box gallon size Ziploc bags
- 2 rolls of paper towels
- 1 box of Band-Aids
- 1 pink eraser (not pencil topper)
- 4 big black expo markers

PLEASE LABEL THE FOLLOWING ITEMS WITH YOUR CHILD'S FIRST AND LAST NAME

- 3 zippered pencil bags
- 1 box 24 crayons
- 2-10pk Crayola broad washable markers, classic colors
- 1 yellow highlighter
- 1 spiral notebook
- Headphones for computer lab (may use last years)
- 1 folder with bottom pockets (replace as needed)
- 1 child scissors, blunt tip
- Large school backpack (zippers are best)
- Gym shoes with non-marking soles: Please make sure that they are Velcro, zipper or slip-ons if your child can't tie
- Old, Adult size shirt (not tee) for art smock

Second Grade Supplies

- 3 zippered pencil bags (please label with your child's name)
- 1 box 24 crayons (please label)
- 10 Crayola broad washable markers, classic colors (please label)
- 2 black Expo Dry Erase Markers (please label)
- 2 folders with bottom pockets (replace as needed) (please label)
- 2 reams multi-use paper (printer/copier)
- 48 #2 sharpened plain, yellow pencils
- 1 pink eraser (not pencil topper)
- 1 child scissors-pointed (please label)
- 2 Elmer's glue sticks (please label)
- 2 4oz Elmer's School Glue (black label) (please label)
- 1 plastic 12-inch (and centimeter) ruler (please label)
- 3 large boxes of Kleenex
- Gym shoes with non-marking soles Please make sure that they are Velcro, zipper or slip-ons if your child can't tie (please label)
- Headphones for computer lab (may use last years) (please label)
- 2 rolls paper towels
- 1 box Band-Aids-plain
- 2 large container Lysol wipes
- 1 can Lysol spray
- 2 individual hand sanitizers- 1 for classroom, 1 for themselves
- 2 wide-ruled composition notebook (please label)
- Large school backpack (zippers are best) (please label)
- Old, Adult size shirt (not tee) for art smock (please label)

(back)→

Third Grade Supplies

PLEASE DO NOT LABEL THE FOLLOWING ITEMS

- 2 reams multi-purpose paper (printer/copier)
- 1 pkg WIDE-ruled loose leaf paper
- 1 pkg 5 expo dry erase markers-black
- 1 large box of Kleenex
- 2 rolls paper towels
- 3 large containers of Lysol Wipes
- 1 hand sanitizer

PLEASE LABEL THE FOLLOWING ITEMS WITH YOUR CHILD'S FIRST AND LAST NAME

- 3 zippered pencil bags (no boxes please)
- 1 4-oz. Elmer's SCHOOL glue (black label)
- 1 pkg glue sticks
- 1 box 24 crayons
- Broad washable markers, classic colors
- 2 spiral WIDE ruled notebook (app 70 pages)
- 4 pink erasers (not pencil toppers)
- 24 #2 pencils
- 24 Crayola colored pencils
- Child scissors, pointed
- 5 pocket folders in Red, Purple, Yellow, Green and Blue
- 1 highlighter marker
- 1 fine tip black sharpie (art)
- Gym shoes with non-marking soles
- Old, Adult size shirt (not tee)
- Headphones for computer lab (may use last years)

Fourth Grade Supplies

PLEASE LABEL ALL ITEMS WITH YOUR CHILD'S NAME OR INITIALS

- Several #2 pencils, please sharpen and label with name
- Pink erasers
- 1 Elmers Glue
- 3 spiral notebooks wide-ruled (app 70 pages) in blue, green, red
- plastic folders with pockets on **bottom** in blue, green, red, yellow **NO BINDERS**
- 12-inch ruler, standard and metric
- Child scissors, pointed
- 4 glue sticks
- 2 reams multi-purpose paper (printer/copier)
- 24 Crayola long, colored pencils (including white and peach)
- Package of 24 crayons
- Broad washable markers
- Thin washable markers
- 4 black erasable pens
- 3 boxes Kleenex
- Gym shoes with non-marking soles
- Headphones (no earbuds)for computer lab -may use last years
- 3 large containers of Lysol Disinfecting Wipes
- 2 individual hand sanitizers- 1 for classroom, 1 for themselves
- 2 rolls paper towel
- 1 Box of Band-Aids
- Mouse for chromebook *Optional

Fifth, Sixth, Seventh and Eighth Grade Supplies

- 1 durable pencil case (zippered)
- 2 Pink erasers (not pencil toppers)
- 3 packages regular pencils
- 12 black erasable pens with caps (no "clicking" pens)
- 12 colored pens with caps (no "clicking" pens)
- 24 Crayola long colored pencils including white and peach
- 2 'ultra-fine tip' black SHARPIE markers
- 2 'fine-tip' SHARPIE marker
- 2 Highlighters (Different colors)
- Broad tip Crayola markers (classic colors)
- Fine tip Crayola markers (classic colors)
- Child scissors, pointed
- Headphones for computer lab (NEW STUDENTS ONLY)
- 2 glue sticks
- 3 reams multi-purpose paper (printer / copier)
- Gym shoes with non-marking soles
- Combination lock for gym locker
- 3 large boxes Kleenex
- 6 folders (red, yellow, green, blue, purple, other)
- 6 notebooks (red, yellow, green, blue, purple, other)
- 2 individual hand sanitizers- 1 for classroom, 1 for themselves
- 100 3x5 index cards
- 2 large containers of Lysol wipes
- 4 pack Expo markers
- 1 pkg lined paper
- 1 paper towel roll
- 1 bottle of glue
- 12 Standard/metric ruler
- Zip Lock bags - Quarts (Girls)
- Zip Lock bags - Gallon (Boys)
- **1 Scotch Tape - 5th Grade Only**
- **7th & 8th grade TI-30 II S or Scientific Calculator**
- **Lit Books 7th Grade only**
The Outsiders by S.E. Hinton
The Giver by Lois Lowery
La Linea by Ann Jaramillo
- **Lit Books 8th Grade only**
To Kill a Mockingbird by Harper Lee
Night by Eli Wisel
No Fear Shakespeare A Midsummer Nights' Dream