

Student Information/Emergency Medical Form

St. Andrew Parish School
115 S. 7th Street, Delavan, WI
262-728-6211 262-728-3683(fax)

Family Last Name(PRINT): _____

Address: _____

Primary E-mail - _____

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

Mother/Guardian Name: _____ **Home Phone:** _____

Work Phone: _____ **Cell Phone:** _____

Father/Guardian Name: _____ **Home Phone:** _____

Work Phone: _____ **Cell Phone:** _____

Doctor Information:

Local Physician's Name: _____ Phone Number: _____

Local Dentist's Name: _____ Phone Number: _____

Student Name: _____ **Grade:** ____ **Birth Date:** __/__/__

Prescribed Medications, Allergies or Health Concerns: **YES / NO** (if YES please fill out emergency medical form on back)

Student Name: _____ **Grade:** ____ **Birth Date:** __/__/__

Prescribed Medications, Allergies or Health Concerns: **YES / NO** (if YES please fill out emergency medical form on back)

Student Name: _____ **Grade:** ____ **Birth Date:** __/__/__

Prescribed Medications, Allergies or Health Concerns: **YES / NO** (if YES please fill out emergency medical form on back)

Student Name: _____ **Grade:** ____ **Birth Date:** __/__/__

Prescribed Medications, Allergies or Health Concerns: **YES / NO** (if YES please fill out emergency medical form on back)

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: _____

In case of 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.

Parent/Guardian Signature: _____ Date: _____

Emergency Medical Form

St. Andrew Parish School
115 S. 7th Street, Delavan, WI
262-728-6211 262-728-3683(fax)

Name of Child: _____

Date of Birth: _____ Grade: _____

Health Condition: _____

Allergy: _____ Severity: Mild Severe Life-Threatening

Allergy: _____ Severity: Mild Severe Life-Threatening

Allergy: _____ Severity: Mild Severe Life-Threatening

Allergy: _____ Severity: Mild Severe Life-Threatening

Special requests or rules: _____

Possible symptoms and treatment: _____

Medication: (Epi-Pen, Inhaler, Diastat, etc): Yes _____ No _____

THE MEDICAL PROVIDER AUTHORIZATION FORM FOR PRESCRIPTION MEDICATION MUST ACCOMPANY MEDICATION AND BE TURNED IN TO THE OFFICE.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____



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.

Transportation Information

St. Andrew Parish School
115 S. 7th Street, Delavan, WI
262-728-6211 262-728-3683(fax)

COMPLETE ONE FORM PER FAMILY

Student Name(s) _____ Grade _____
_____ Grade _____
_____ Grade _____
_____ Grade _____

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

- Stay at Kids' Club After-School daycare program (enrolled pre-school and St. Andrew Students)
- 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)
(please be sure to read and follow directions for this procedure)
- 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

St. Andrew Parish School
115 S. 7th Street, Delavan, WI
262-728-6211
262-728-3683(fax)

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) _____

Children(s) names and grades in school:

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 (on St. Andrew School website and classroom websites only).
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

St. Andrew Parish School
115 S. 7th Street, Delavan, WI
262-728-6211 262-728-3683(fax)

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 First Name(s) _____

Address _____

City, State, Zip _____

Phone _____

Email Address _____

Student Name(s) _____ Grade _____

_____ Grade _____

_____ Grade _____

_____ Grade _____

I do not have access to the Internet.

Parent/Guardian Home Language Survey

St. Andrew Parish School
115 S. 7th Street, Delavan, WI
262-728-6211 262-728-3683(fax)

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?			

Signature of Person Completing Survey: _____

Date: _____

Parent/Guardian Home Language Survey

St. Andrew Parish School
115 S. 7th Street, Delavan, WI
262-728-6211 262-728-3683(fax)

Queremos que su hijo(a) aprenda y alcance éxito. Por favor ayúdenos a conocer a su hijo(a), para que podamos trabajar juntos en colocar a su hijo(a) en el programa educativo apropiado.

Nombre(s) y apellido de Estudiante: _____

Dirección: _____

Número de teléfono: _____

Relación de la Persona que llena esta encuesta: _____

Instrucciones: Ponga unax en la respuesta correcta para cada una de las preguntas siguientes e indique otras lenguas, si es apropiado.

	Inglés	Otra	Otra(s) Lengua (s)
¿En qué lengua hablaba su hijo(a) cuando empezó a hablar?			
¿Qué lengua(s) habla su hijo(a) en casa?			
¿En qué lengua le(s) habla su hijo(a) a su(s) padre(s) la mayor parte del tiempo?			
¿En qué lengua les habla su hijo(a) a sus hermanos(as) la mayor parte del tiempo?			
¿En qué lengua les habla su hijo(a) a sus amigos(as) la mayor parte del tiempo?			
¿En qué lengua le habla(n) su(s) padre(s)/tutor al niño(a)?			

	Sí	No	Otra(s) Lengua (s)
¿Puede hablar inglés un pariente adulto?			
¿Puede leer inglés un pariente adulto?			
¿Quieren los padres/tutores que haya intérprete en las conferencias escolares?			
¿Quieren los padres/tutores que la comunicación oral de la escuela esté en inglés?			
¿Quieren los padres/tutores que la correspondencia de la escuela esté en inglés?			

Firma de la Persona que llena encuesta _____

Fecha: _____

Parent/Legal Guardian Permission Slip & Indemnity Agreement

St. Andrew Parish School, 115 S. 7th Street, Delavan, Wisconsin, 53115, (262)-728-6211

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.

Parent/Legal Guardian Signature

Date: _____

Address

Home or Cell Phone Number

Emergency Medical Treatment

St. Andrew Parish School, 115 S. 7th Street, Delavan, Wisconsin, 53115, (262)-728-6211

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. _____



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.

Kids Club Registration

Name of Student _____

Date _____

Date(s) of Birth _____

Address _____

Mother's Name _____

Cell Number _____ Work Number _____

Email Address _____

Father's Name _____

Cell Number _____ Work Number _____

Email Address _____

In Case of Emergency Contact

Name _____

Cellphone _____ Work phone _____

Name _____

Cellphone _____ Work phone _____

Kids Club will be offered before school from 7:00am to 8:00am and after school from 3:15pm to 5:30 pm Monday through Friday. Both before and after school care will take place in the Delavan Nursery Center classrooms.

The Registration Fee is \$25.00. Payment is appreciated with this form.

The hourly rate is \$4.00 an hour

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

Before School

Monday Tuesday Wednesday Thursday Friday

After School

Monday Tuesday Wednesday Thursday Friday

School Supply List for the 2019-2020 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*
Tuesday, September 3rd, 2019

Kindergarten Supplies

PLEASE DO NOT LABEL THE FOLLOWING ITEMS

- 4 boxes of 24 'skinny' Crayola crayons
- 1 box of Pip-Squeaks skinnies Crayola markers
- 2 blue plastic folders with prongs
- 1 4oz. Elmer's SCHOOL glue (black label)
- 18 glue sticks
- 2 reams multi-use paper (printer/copier)
- 10 #2 plain yellow pencils (please sharpen)
- 2 large box of Kleenex
- 2 large containers Clorox Wipes
- 1 child Fiskars scissors, blunt tip
- 1 box of Band-Aids
- 1 bottle hand sanitizer-non generic
- 2 expo dry erase markers

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

- Large school backpack (zippers are best)
- Headphones for computer lab
- 2 blue plastic folders 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

- 1 4-oz. Elmer's SCHOOL glue (black label)
- 2 reams multi-use paper (printer/copier)
- 48 yellow #2 pencils (please sharpen)
- 1 large containers Clorox wipes
- 3 boxes of Kleenex
- Girls 1 box quart size Ziploc bags
- Boys 1 box gallon size Ziploc bags
- 1 roll paper towel
- 1 box of Band-Aids
- 1 pink eraser (not pencil topper)

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

- 2 zippered pencil bags
- 1 box 24 crayons
- 2-10pk Crayola broad washable markers, classic colors
- 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

- 2 zippered pencil bags
- 1 box 24 crayons
- 10 Crayola broad washable markers, classic colors
- 2 folders with bottom pockets (replace as needed)
- 3 reams multi-use paper (printer/copier)
- 24 #2 sharpened pencils
- 2 expo dry erase markers
- 2 pink erasers (not pencil toppers)
- 1 child scissors-pointed
- 1 4oz Elmer's SCHOOL Glue (black label)
- 2 Elmer's glue sticks
- 2 large boxes of Kleenex
- Gym shoes with non-marking soles
- Old, Adult size shirt (not tee) for art smock
- Headphones for computer lab (may use last years)
- 3 rolls paper towels
- 1 box Band-Aids
- 1 box sandwich bags
- 1 large container Clorox wipes
- 2 wide-ruled composition notebook

Third Grade Supplies

- 5 zippered pencil bags (no boxes please)
- 1 4-oz. Elmer's SCHOOL glue (black label)
- 1 box 24 crayons
- Broad washable markers, classic colors
- Thin washable markers, classic colors
- 2 spiral WIDE ruled notebook (app 70 pages)
- 1 pkg WIDE-ruled loose leaf paper
- 4 pink erasers (not pencil toppers)
- 24 #2 pencils (please sharpen)
- 2 red pens
- 24 Crayola colored pencils including white and peach (please sharpen)
- Child scissors, pointed
- 5 pocket folders in Red, Purple, Yellow, Green and Blue
- 1 highlighter marker
- 1 ultra-fine tip black sharpie (art)
- 1 fine tip black sharpie (art)
- 2 reams multi-purpose paper (printer/copier)
- 3 large boxes of Kleenex
- Gym shoes with non-marking soles
- Old, Adult size shirt (not tee)
- 2 rolls paper towels
- Headphones for computer lab (may use last years)
- 1 large container of Clorox Wipes

Fourth Grade Supplies

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

- #2 pencils, please sharpen and label with name
- Pink erasers
- 2 pkg WIDE-ruled loose leaf paper
- Girls - 1 box band aids
- Boys - 1 scotch tape
- 3 spiral notebooks wide-ruled (app 70 pages) in blue, green, red
- plastic folders with pockets on **bottom** in blue, green, red **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
- 10 black erasable pens
- 3 boxes Kleenex
- Gym shoes with non-marking soles
- Headphones (no earbuds)for computer lab -may use last years
- 2 large containers of Clorox Disinfecting Wipes
- 1 roll paper towel
- 1 Elmers Glue
- 1 Black fine-tip Sharpie Marker
- 1 Black ultra fine-tip Sharpie marker

Fifth, Sixth, Seventh and Eighth Grade Supplies

- 1 durable pencil case (zippered)
- 2 Pink erasers (not pencil toppers)
- 2 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)
- **7th & 8th grade TI-30 II S or Scientific Calculator**
- Child scissors, pointed
- Headphones for computer lab (NEW STUDENTS ONLY)
- 2 glue sticks
- 1 Composition notebook
- 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)
- 1 sturdy 3-prong folder (spanish)
- 100 3x5 index cards
- 2 containers clorox wipes
- 1 box crayons
- 1 box Ziplock bags(girls-pint size, boys-gallon size)
- **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 Romeo and Juliet