



Enrollment Application

St. Michael's Catholic School
1315 1st Ave
South Sioux City, NE 68776
4024941526

Website: <http://stmichaels.schoolinsites.com/>
Lora Crowe, Principal loracrowe@smcssc.com
Daniela Padilla, Office Manager daniela@smcssc.com

Admission Application Check List

A completed application submitted to St. Michael's Catholic School Office initiates the admission process.

To be complete, the application should include:

- Non refundable Registration Fee
(for each family seeking admission, pay at school)
- Student Application Form
(one for each student seeking admission)
- Baptismal Record (if applicable)
(for children not baptized at St. Michael's Church)
- Most recent Report Card
- Immunization Record Upon receipt of all completed application materials

Securing a classroom spot: Families may pay the registration fee prior to completion of the application materials in order to secure a spot in their child's upcoming grade. We will hold a spot in the class for up to two weeks while the application materials are completed

Acceptance of Enrollment: With the completion of all steps for admission, families will be notified of acceptance for enrollment. A registration fee per family (non-refundable) will be due upon notification of acceptance.

Return materials in person or mail completed application to: St. Michael's Catholic School
1315 1st Ave
South Sioux City, NE 68776

Non-Discrimination Statement: The Catholic schools of the Archdiocese of Omaha will not discriminate on the basis of race, color, national or ethnic origin in the administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs. In addition, these same prohibitions apply to students with disabilities if, with reasonable accommodation, the student can satisfy the school's program requirements.



St. Michael's Catholic School Permanent Student Record

Date: _____

Student Name: _____ Grade Applied For: _____
(First) (Middle) (Last)

Place of Birth: _____ Date of Birth: _____ Gender: _____

1st Language: _____ Religion: _____ Parish: _____ - _____

Ethnicity: _____ Hispanic/Latino _____ Non-Hispanic/Latino

Race: PLEASE CHECK ALL THAT APPLY _____ American Indian/Alaska Native _____ Asian
_____ African American _____ White _____ Native Hawaiian/Pacific Islander

Home School District: _____

IEP/Special Assistance Plan/Medical Needs/Other? _____

Parents/Guardians Information:

Name: _____ Relationship: _____ Church Affiliation: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Occupation: _____ Company Name: _____

Cell Phone: _____ Cell Phone Carrier: _____

Home Phone: _____ Work Phone: _____

Primary E-mail: _____

Name: _____ Relationship: _____ Church Affiliation: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Occupation: _____ Company Name: _____

Cell Phone: _____ Cell Phone Carrier: _____

Home Phone: _____ Work Phone: _____

Primary E-mail: _____

Home Information:

Parents married [] One parent [] Parents Separated or Divorced []
Restructured-Stepfather/Stepmother [] Father remarried [] Mother remarried []

Child resides with: _____

Siblings:

_____	_____	_____	_____
Name	Age	Name	Age
_____	_____	_____	_____
Name	Age	Name	Age
_____	_____	_____	_____
Name	Age	Name	Age

Parental Rights (in case of separation or divorce): _____ (Provide copy of court order)

Language (other than English) spoken at home: _____

Emergency Contacts:

Name: _____ Relationship to Child: _____
Address: _____ Phone Number: _____
City, State, Zip: _____

Name: _____ Relationship to Child: _____
Address: _____ Phone Number: _____
City, State, Zip: _____

Religious Background:

Registered Parish: _____ Location: _____

Baptism:	_____	_____	_____
	Church Name	City & State	Religion
First Penance:	_____	_____	_____
	Church Name	City & State	Religion
First Communion:	_____	_____	_____
	Church Name	City & State	Religion
Confirmation:	_____	_____	_____
	Church Name	City & State	Religion

Medical Information:

Doctor: _____ Doctor's Phone Number: _____
Hospital Preferred: _____ Allergies/medical condition: _____
Medication: _____ Dosage: _____
Dentist: _____ Dentist's Phone Number: _____

Academic Record (Pre-K or Kindergarten applicants include day care experiences):

School Attended: _____ Date Enrolled: _____ Date Withdrawn: _____

Reason for leaving: _____

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Reason for leaving: _____

School Attended: _____ Date Enrolled: _____ Date Withdrawn: _____

Reason for leaving: _____

Has your child ever been suspended, expelled, dismissed, or not allowed to re-enroll in a school?

No Yes If yes please provide the name of the school and the reasons on a separate sheet of paper.

Has your student ever been tested or evaluated for any disability [i.e., learning disabilities, ADD/ADHD, emotional disabilities, etc.], English as a Second Language, or medical condition? No Yes

If yes, please describe on a separate sheet of paper any disability or medical condition that may affect your child's ability to fully participate in the academic program provided at St. Michaels Catholic School. If you are requesting an adjustment or accommodation to the curriculum, please describe your request.

Information about disabilities is requested for the sole purpose of determining whether the school can provide the applicant with an appropriate education or reasonable accommodation and will not be considered in determining whether he/she is otherwise qualified for admission.

Parent Questionnaire:

How did you learn about St. Michaels Catholic School? _____

What are the first three words that come to mind when you think of your child?

Which activities or hobbies does your child enjoy most?

Describe times when your child is happiest.

How do you feel that your child learns best?

What led you to consider St. Michaels Catholic School for your child?

What are your goals for your child at St. Michaels Catholic School?

St. Michaels Catholic School Student Health Form

Student Name: (First) _____ (Middle) _____ (Last) _____

Gender _____ Birth Date _____ Grade _____

Home Address _____ Home Phone: _____

City _____ State _____ Zip Code _____

Immunization Status: Submit a photocopy of your child's most up to date immunization record.

Student Medical History: Please fill in all information that pertains to your child.

Is your child currently under any medical treatment or taking any type of medication?

Medication(s): _____ Treatment: _____

Does your child have any special health problems the school should know about?

Specify: _____

Pediatrician/Family Physician: _____ Phone: _____

Dentist: _____ Phone: _____

Date of last physical exam: _____ Date of last dental exam: _____

Allergies Specify: _____

(examples: specific food, drug, bee/insect, environmental)

Asthma Cleft palate Diabetes Epilepsy Heart disease Chicken pox

Operations Specify: _____

Accidents Specify: _____

Serious Illness Specify: _____

Physical handicap Specify: _____

Family Diabetes Specify: _____

Health History

Is your child currently under the care of a doctor, hospital, or clinic right now? yes no

If yes, please explain: _____

Apart from vitamins, is your child taking any medications, tablets, or drops? yes no

If yes, please explain: _____

Has your child had any convulsions, seizures, or fits? yes no

If yes, please explain: _____

Does your child need a special diet or have any food problems? yes no

If yes, please explain: _____

Pregnancy & Birth – Please complete if your child is an applicant for Pre-K or kindergarten

Did mother have any illnesses during pregnancy: _____ yes no

Did mother have to take medication? _____ yes no

Did the baby arrive on time? yes no

Was it a long or complicated delivery? yes no

Was infant placed in an incubator? yes no

What was the birth weight? _____

How many days did the baby stay at the hospital? _____

Was the baby considered to be perfectly healthy? yes no

Illness and Accidents

Please explain each "yes" answer. Use other side if needed.

Has there been more than one ear infection each year? No or Yes _____

Have there been any hearing problems? No or Yes _____

Have there been any vision problems? No or Yes If yes when last fitted for glasses? _____

Completed by: _____

Relationship to child: _____ Date: _____



Parental Permission for Release of Student Record

In accordance with the Family Educational and Privacy Act of 1974, I hereby authorize to the school named the release of all records including grades and health records, as well as psychological, social, educational, or developmental information regarding the following student/s.

Student's Name

Birthdate

Current Grade

Student's Name

Birthdate

Current Grade

Student's Name

Birthdate

Current Grade

Student's Name

Birthdate

Current Grade

Signature of Parent/Guardian

Date

Request for Student Transcript

Date: _____

Please forward the following information:

- _____ Transcript
- _____ Health and dental records
- _____ Personal health history

Principal Signature

Upon completion, please return this form and transcript information via mail, fax, or electronic message.

Mail: St. Michael's Catholic School, 1315 1st Ave, South Sioux City, NE 68776
Fax: 402-494-4283 Email: daniela@smcssc.com



PHOTOGRAPHY CONSENT FORM/RELEASE

I, (print name) _____, parent or official guardian of (child/ren's name) _____, hereby grant permission to St. Michael's Catholic School to take and use photographs and/or digital images of my child for use in news releases and/or educational materials. This may be in the form of printed publications or material, electronic publications, or WEB sites. I agree that my child/ren's name and identity may be revealed in descriptive text or commentary in connection with the image(s). I authorize the use of these images without compensation to me.

Date: _____

Parent Signature: _____

Address: _____

City, State, Zip: _____

***** _____ Check here ONLY IF YOU DO NOT GIVE CONSENT to the above.



PARENT/GUARDIAN FIELD WALKING FILED TRIP CONSENT FORM AND LIABILITY WAIVER

I, _____ (parent name) grant permission for my child/ren, _____ to walk to event activities offered by St. Michael's Catholic School. These events will be under the direction of the St. Michael's faculty/staff/parents.

I agree on behalf of myself, my child, our heirs, successors, and assigns, directors, employees, and agents, and the Arch Diocese of Omaha, its employees and agents, chaperones or representatives associated with the even from any claim arising from or in connection with my child participating/attending the event or in connection with any illness or injury/death or cost of medical treatment in connection therewith. I agree to compensate the parish/school, Arch Diocese of Omaha, its employees and agents, chaperones or representatives associated with the even for reasonable attorney fees and expenses which may occur in any action brought against them, unless such claim arises from the negligence of the parish/school/diocese.

Parent signature: _____ Date: _____



STUDENT ACKNOWLEDGEMENT OF TECHNOLOGY USE POLICY

Name: _____ Birthdate: _____

Each student and his or her parent(s)/guardians(s) must receive the Technology Use Policy and sign this authorization as a condition of continued enrollment. Teachers and other staff must also sign as a condition of continued employment. Students, parent(s)/guardians(s) and staff need only sign this Authorization for Internet Access once while enrolled in the School or employed by the School.

I have received, understand, and will abide by the Technology Use Policy.

Dated: _____ Student: _____

The following must also be signed by a Parent/Guardian if the student is under the age of 19.

I have read the Technology Use Policy and this Authorization for Internet access and understand and agree to the terms of that Policy. I understand that access to the Internet is designed for educational purposes and that the School prohibits the access of inappropriate materials, but that it is impossible for the School to restrict access to all controversial and inappropriate materials. I will hold harmless the School, its employees, and/or agents from any harm caused by materials or software obtained by my child via the Internet. I also agree, on my child's behalf, to the terms of the Technology Use Policy; I affirm my child's obligations pursuant to that policy and this Authorization and accept all responsibilities and/or liabilities arising from my child's compliance or non-compliance with that policy and/or Internet use. I have discussed the terms of this Authorization with my child. I hereby request that my child be allowed access to the Internet while at school or in connection with school activities.

Dated: _____ Parent/Guardian: _____



PARENT/STUDENT HANDBOOK SIGN-OFF

By signing off on this form I verify that I have read/or been read the parent/student handbook. I further agree to abide by the rules and regulations in the handbook for the school year.

Parent Signature: _____ Date: _____

Student Signature: _____ Date: _____ Grade: _____

Student Signature: _____ Date: _____ Grade: _____

Student Signature: _____ Date: _____ Grade: _____

Student Signature: _____ Date: _____ Grade: _____

Student Signature: _____ Date: _____ Grade: _____

Student Signature: _____ Date: _____ Grade: _____



STUDENT PICK UP PERMISSION SLIP

I grant permission to the following people listed below to pick up my child/ren from St. Michael's Catholic School.

People with permission to pick up after school:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Child/ren to be picked up:

Name: _____ Name: _____

Name: _____ Name: _____

Name: _____ Name: _____

I give permission to St. Michael's Catholic School to have my child/ren walk home from school.

Parent Signature: _____ Date: _____

Child/ren Names:

Name: _____ Name: _____

Name: _____ Name: _____

Name: _____ Name: _____



TUITION PAYMENT AGREEMENT

Please initial the plan you choose.

One Payment Option:

_____ Payment is due by the first day of school. The one payment plan is encouraged and appreciated.

Two Payment Plan:

_____ First Payment is due August 15th with the second payment due January 15th.

A \$30 per month late fee will be applied to accounts that do not have their family monthly payment in by the 15th of January.

Monthly Payment Plan:

_____ 10 payments of \$330 per month per child are due by the 15th of the month starting in August and will be continued through May 15th. Automatic monthly payments can be set up for your convenience.

***Based on \$3300 tuition per year.

It is each and every family's responsibility to make tuition payments on time. Reminder notices will not be issued when payments are due. A \$30 per month late fee will be applied to accounts that do not have their family monthly payment in by the 15th of each month. If you should have difficulties making timely payment, please contact the office immediately. If no effort to make payments is made, the delinquent accounts will be brought to the School Board and Finance Committee to determine if the child/ren will be allowed to remain at St. Michael's Catholic School. Delinquent balances will be forwarded to a collection agency.

Parent Signature: _____ Date: _____