



Enrollment Application

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

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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: _____

School Attended: _____ Date Enrolled: _____ Date Withdrawn: _____

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 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: _____

5061--TECHNOLOGY ACCEPTABLE USE POLICY-STUDENTS

Purpose

Technology is a valuable and important to improve student learning and enhance the academic curriculum taught at the school. ST. MICHAEL'S CATHOLIC SCHOOL'S objective is to provide students and employees with a wide range of information technology to support higher-level learning and instruction in and outside of the classroom. ALL ST. MICHAEL'S CATHOLIC SCHOOL employees and students are expected to contribute to a safe and productive learning environment while using technology and related network resources. The rules and guidelines governing the use of ST MICHAEL'S CATHOLIC SCHOOL'S technology are outlined below.

Technology and Network Resources

For purposes of this policy, the term "technology" or "network resources" refers to all aspects of ST. MICHAEL'S CATHOLIC SCHOOL'S owned or leased electronic equipment (including computers, tablets, printers, scanners, cameras, etc.) email, internet services, servers, software, network files and folders and folders and all other technology-related equipment and services. These rules apply to any use of ST. MICHAEL'S CATHOLIC SCHOOL'S technology or network resources, whether this access occurs in school (live or virtual) or outside school. Students are expected to use technology and network resources in accordance with this policy.

Access to the ST. MICHAEL'S CATHOLIC SCHOOL wireless network WILL be restricted to ST. MICHAEL'S CATHOLIC SCHOOL approved electronic devices from 7:30 am to 5:00 pm on school days, If may also be restricted entirely or at certain additional time whenever deemed necessary.

The use of personal electronic devices may be allowed in the classroom (or library) at the sole discretion of faculty/staff. The use of personal electronic devices as a "hot spot" for students and others to bypass the school network is prohibited while on school premises.

Student Responsibilities and Acceptable Use

Student access to technology is a privilege, not a right. Students are expected to use technology in a responsible manner consistent with ST. MICHAEL'S CATHOLIC SCHOOL'S educational and religious objectives. The following list provides some examples of student responsibilities and acceptable uses of technology:

1. All technology must be used to further educational and religious mission of ST. MICHAEL'S CATHOLIC SCHOOL, and should be respected at all times. Students are responsible for reporting any misuse.
2. Students must use his/her real identity when using ST. MICHAEL'S CATHOLIC SCHOOL network resources.
3. The network is to be used to store and transmit school-related data only.
4. Students may be assigned unique email and login usernames and passwords to protect the information on the network. Do not access or use other people's accounts. Do not access or use other people's computers, or folders, or any other electronic device without express permission from the owner.
5. do not share passwords with any other person. ST MICHAEL'S CATHOLIC SCHOOL faculty and parents should be the only exceptions. If a student believes his or her password has been compromised, the students must immediately report this concern to a faculty member.
6. Students are responsible for all actions taken under student's username and password.
7. With the exception of an Apple ID, students should always use his/her ST. MICHAEL'S CATHOLIC SCHOOL email address or username when utilizing online resources for digital storage or collaboration.
8. Electronic communications (emails) between faculty and students must be made via ST. MICHAEL'S CATHOLIC SCHOOL internal email system. Electronic communications between faculty and students through personal accounts may be deemed inappropriate and result in disciplinary action.
9. Students should obtain permission before accessing, posting, or transmitting information belonging to others.
10. Students must respect network security and should not attempt to bypass any technological blocks placed on computers to protect students and filter content that the school has classified as objectionable. Faculty may request to unblock a website is appropriate and relevant to school activities.

11. There is no privacy online. Students should never provide personal information online or share any information the student does not want made available to the public.
12. Students should back up his/her work often. Do not use technology as an excuse. If your computer fails at home, you are still responsible for completing all assignments on time.
13. If applicable, students are responsible for regularly checking his/her teachers.
14. All student files stored on the network may be deleted at the end of each school year.

Unacceptable Uses of Technology and Network Resources

The use of technology and network resources must be consistent with the educational and religious objectives of ST. MICHAEL'S CATHOLIC SCHOOL. Examples of unacceptable uses of technology include, but are not limited to, the following:

- To access, post, publish or store any defamatory, inaccurate, abusive, obscene, sexually-oriented, threatening, racially offensive or illegal materials that are inconsistent with the objectives and/or teachings of the school.
- To harass, intimidate, threaten or bully others, whether inside or outside of school.
- To steal or borrow intellectual property without permission.
- To plagiarize the work of others, or to use the work of others as your own without giving proper credit.
- To breach copyright laws by using unlicensed software or pirating audio or visual materials.
- To bypass ST. MICHAEL'S CATHOLIC SCHOOL content filter or network security.
- To knowingly spread computer viruses or malware.
- To send out "chain" emails, and/or surveys not approved by faculty or staff.
- To misrepresent one's own identify or the identify of others.
- To take a photo, record through video or audio any student or faculty member without his/her knowledge and consent.
- To express profanity or any other inappropriate content online, including ST. MICHAEL'S CATHOLIC SCHOOL website, email program, social media or other internet sites.
- To share personal information or information about any student or faculty member to anyone via the internet.
- To access another user's account or invade the privacy of others.
- To store or download unauthorized software programs, music, videos, games files or personal photos on ST. MICHAEL'S CATHOLIC SCHOOL computers.
- To play games, chat on-line, or watch videos during the school day unless associated with a class and permission from a teacher is explicitly given.
- To utilize encryption or software to hide activity that violates. ST. MICHAEL'S CATHOLIC SCHOOL's technology Acceptable Use Policy.
- To violate any federal, state, or local laws.

Social Networking (Facebook, Twitter, Texting, Blogs etc.)

Although social networking and texting normally occurs outside of the classroom, it may have a negative impact on the school community. If a student uses social networking or a personal electronic device to convey offensive or disrespectful communications inconsistent with this policy and/or the objectives of the school, ST. MICHAEL'S CATHOLIC SCHOOL reserves the right to take any disciplinary action it deems necessary to protect students and faculty. ST. MICHAEL'S CATHOLIC SCHOOL encourages parents to routinely view and monitor their student's personal networking sites and electronic devices to ensure the information and content does not place any student at risk.

Guidelines for social media networking:

- Be aware of what you post online. Social media venues, including wikis, blogs, photo and video sharing sites, are very public. What you contribute leaves a digital footprint for all to see. Do not post anything you would not want friends parents, teachers, future employers, or God to see.
- Follow ST. MICHAEL'S CATHOLIC SCHOOL'S code of conduct when posting online. It is acceptable to disagree with someone else's opinions; however, do it in respectful manner. Make sure that criticism is constructive and not hurtful. What is inappropriate in the classroom is inappropriate online.

- Be safe online. Never give out personal information, including, but not limited to, first and last names, phone numbers, addresses, exact birthdates, and pictures. Do not share your password(s) with anyone besides your teacher and parents.

No Expectation of Privacy

ST. MICHAEL'S CATHOLIC SCHOOL sets the terms and conditions of technology use. Students should have no expectation of privacy or anonymity while using technology and network resources provided by ST. MICHAEL'S CATHOLIC SCHOOL. All content created, sent, accessed or downloaded using any part of ST. MICHAEL'S CATHOLIC SCHOOL's technology or network resources is subject to the rules stated in this policy. ST. MICHAEL'S CATHOLIC SCHOOL reserves the right to monitor the network and examine or remove electronic file and/or materials whenever it deems necessary. Students should never assume that emails, files or other content created or stored on ST. MICHAEL'S CATHOLIC SCHOOL's network will be maintained as private or confidential. Should ST. MICHAEL'S CATHOLIC SCHOOL determine there is a responsible need to do so, it reserves the right to search students, personal electronic devices (cell phones, laptops, etc.) brought on to school grounds.

Disciplinary Action

Violations of this Technology Acceptable Use Policy may result, at minimum, in the loss of technology and network privileges as well as appropriate disciplinary action (up to and including suspension or expulsion). Any violations of federal, state, or local laws will be reported to the appropriate authorities. Students who receive or learn of any harassing, threatening, or inappropriate electronic communications or postings should immediately notify the faculty member supervising the activity or ST. MICHAEL'S CATHOLIC SCHOOL's administration.

Access to Inappropriate Materials on the Internet/Disclaimer.

ST. MICHAEL'S CATHOLIC SCHOOL currently utilizes an internet content filtering system that reduces student access to offensive and pornographic materials. However, no filtering system is foolproof and ST. MICHAEL'S CATHOLIC SCHOOL cannot entirely control what students may or may not locate on the internet. While ST. MICHAEL'S CATHOLIC SCHOOL allows students to access the internet for educational purposes only, students may have the ability to access inappropriate materials. ST. MICHAEL'S CATHOLIC SCHOOL is not responsible for the content of the information or materials students may retrieve from the internet. Students who inadvertently access inappropriate materials must report the incident to the supervising faculty member or the school's administration immediately.

Policy Revision: July, 2020



STUDENT ACKNOWLEDGEMENT OF TECHNOLOGY USE POLICY

Name: _____ Birth date: _____

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.

_____ Date: _____
Parent Signature

_____ Date: _____ Grade: _____
Student Signature

_____ Date: _____ Grade: _____
Student Signature

_____ Date: _____ Grade: _____
Student Signature

_____ Date: _____ Grade: _____
Student Signature

_____ Date: _____ Grade: _____
Student Signature