

# ***St. Mary's Academy Elementary Division Registration***

**2020 - 2021**

6905 Chef Menteur Blvd – New Orleans, LA 70126 – Website: smaneworleans.com

Elementary Office: 504-243-1888 – Fax: 504-872-9501

## **FINANCIAL OBLIGATIONS**

### **Parental Responsibilities**

Parents will be responsible for:

- Uniforms
- Materials and Supplies
- Field Trip Costs
- After Care (if applicable)
- Any other student expenses as required by the school
- Tuition and Fees (if applicable)

### **Mandatory Fund Raiser Activities (per family- Grades K-12)**

**Candy Drive \$120.00**

**Raffle Ticket Booklet \$120.00**

### **Service Hours**

**Each family is responsible for 20 hours of service to the school or pay a fee according to the Handbook of Policies.**

I have read the above information regarding the financial obligations if my child is accepted into St. Mary's Academy.

Child's Name \_\_\_\_\_ Parent's Signature \_\_\_\_\_

Date: \_\_\_\_\_

**NOTE: St. Mary's Academy does not accept checks in the months of December, and May. All payments made in these months must be by cash, money order or cashier's check only.**

St. Mary's Academy of New Orleans, Louisiana, admits students of any race, color, national, and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students of the school. We do not discriminate on the basis of race, color, national or ethnic origin in admissions' policies or in the administration of programs concerning scholarship or work study assistance, athletics or any other administered program.

REGISTRATION INFORMATION						Office Use Only	
NON	NSECD	SSEE	ACE	ARETE	OTHER		
Date _____	Description _____	Amt. Paid _____	Balance _____	BANK _____			
Date _____	Description _____	Amt. Paid _____	Balance _____	School Full _____			
Date _____	Description _____	Amt. Paid _____	Balance _____	School ½ and ½ _____			
Additional Information:							
RenWeb ID: _____		OneApp ID: _____		New Student Start Date: _____			

**PLEASE PRINT** **ST. MARY'S ACADEMY ELEMENTARY DIVISION** **SCHOOL TERM 2020-2021**

**STUDENT'S NAME** \_\_\_\_\_

Last First Middle

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Telephone \_\_\_\_\_ **Civil Parish** \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_

**CITY** of Birth \_\_\_\_\_ Religion \_\_\_\_\_ **Name of Church** \_\_\_\_\_

City State

**FATHER'S NAME** \_\_\_\_\_ Religion \_\_\_\_\_

LAST FIRST MIDDLE

Address (*if different from student*) \_\_\_\_\_ City/Zip \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Work # \_\_\_\_\_ Cell # \_\_\_\_\_ Other # \_\_\_\_\_

Email address \_\_\_\_\_

**MOTHER'S NAME** \_\_\_\_\_ Religion \_\_\_\_\_

LAST FIRST MIDDLE (MAIDEN)

Address (*if different from student*) \_\_\_\_\_ City/Zip \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Work # \_\_\_\_\_ Cell # \_\_\_\_\_ Other # \_\_\_\_\_

Email address \_\_\_\_\_

**Student resides with** \_\_\_\_\_

Parent/Guardian Name(s) Relationship

Entering Grade: \_\_\_\_\_ From \_\_\_\_\_

Name of School

**Sibling(s) attending ST. MARY'S ACADEMY:**

Name \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_

## St. Mary's Academy Student Health History Form 2020-2021

Dear Parent or Guardian:

To insure proper medical treatment at school we rely on you to keep the school posted on new developments regarding your son's/daughter's health. Please complete and sign this so we have current health information in your child's file for the upcoming school year. (NEW APPLICANTS: Birth certificate, social security card, up-to-date immunization record requested upon registration.)

**STUDENT'S NAME:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

Contact Names	Relationship	Home Phone	Work Phone	Cell Phone
<u>Parent/Guardian #1</u>				
<u>Parent/Guardian #2</u>				
<u>Emergency Contact</u>				
Physician's Name				

**Present Health Problems/Concerns:**

Please check the items that apply to your child and write explanations on the blank lines below. Be sure to include any changes in the health status in the past year.

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Strep infection (year ____)   | <input type="checkbox"/> Scarlet fever (year ____) | <input type="checkbox"/> Frequent ear infections            |
| <input type="checkbox"/> Hard of hearing   | <input type="checkbox"/> Poor vision               | <input type="checkbox"/> Allergies (list)                   |
| <input type="checkbox"/> Asthma (list medications)   | <input type="checkbox"/> Headaches                 | <input type="checkbox"/> Epilepsy                           |
| <input type="checkbox"/> Hepatitis   | <input type="checkbox"/> Birth defect              | <input type="checkbox"/> Diabetes                           |
| <input type="checkbox"/> Kidney or bladder trouble   | <input type="checkbox"/> Heart disease             | <input type="checkbox"/> Bleeding disorder                  |
| <input type="checkbox"/> Special diet required   | <input type="checkbox"/> Dieting for weight loss   | <input type="checkbox"/> Tuberculosis –TB (year ____)       |
| <input type="checkbox"/> Convulsions or spells   | <input type="checkbox"/> Permanent disability      | <input type="checkbox"/> Temporary disability               |
| <input type="checkbox"/> Serious injuries or illnesses   | <input type="checkbox"/> Major operations          | <input type="checkbox"/> Is special seating needed (Y or N) |
| <input type="checkbox"/> Mental diagnosis (Attention Deficit, Dyslexia, Anxiety, etc)              |  |   |
| <input type="checkbox"/> Other significant illness   |  |   |
| <input type="checkbox"/> Prescription medications required (List medication(s) and reason(s) below |  |   |

Explanation for any item(s) checked above: \_\_\_\_\_

**Special Equipment:**

- |   |   |
|---|---|
| <input type="checkbox"/> Contact lenses ( ) soft ( ) hard ( ) gas permeable | <input type="checkbox"/> Eye glasses ( ) yes ( ) no |
| <input type="checkbox"/> Hearing Aid  | <input type="checkbox"/> Braces on teeth            |
|   | <input type="checkbox"/> Crutches/Cane              |

**Medication**

MEDICATION cannot be dispensed even with parental permission. Asthma inhalers are to be kept in the office – labeled. Student must know how to dispense/use inhaler.

**Restrictions**

Has a doctor restricted your child's participation in physical activity?  YES  NO

**EMERGENCY INFORMATION**

If neither a parent/guardian or emergency contact listed above nor the family doctor can be contacted in case of serious illness or injury, permission is requested to take emergency action as deemed necessary. This may include transportation of the student to a hospital or medical facility. Please check one:  PERMISSION GRANTED  PERMISSION DENIED

Parent/Guardian Signature \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**ST. MARY'S ACADEMY SCHOOL**

**Media Release**

I give my permission to St. Mary's Academy to use my child's name, writing samples, voice, representation and/or image for promotion and development purposes throughout the present school year (includes summer).

I understand that St. Mary's Academy retains all rights to these materials, and may use portions for commercial, promotional, and development purposes as they so chose.

**Minor Student's Name /Grade**

---

**Please PRINT**

**Parent Signature**

---

**Date \_\_\_\_\_**

By signing this media release form I herein state that I am the legal guardian of said minor and totally responsible for his activities as a minor.

**PLEASE SIGN BOTH COPIES**

**ST. MARY'S ACADEMY SCHOOL**

**Media Release**

I give my permission to St. Mary's Academy to use my child's name, writing samples, voice, representation and/or image for promotion and development purposes throughout the present school year (includes summer).

I understand that St. Mary's Academy retains all rights to these materials, and may use portions for commercial, promotional, and development purposes as they so chose.

**Minor Student's Name/Grade**

\_\_\_\_\_

**Please PRINT**

**Parent Signature**

\_\_\_\_\_

**Date** \_\_\_\_\_

By signing this media release form I herein state that I am the legal guardian of said minor and totally responsible for his activities as a minor.

# ST. MARY'S ACADEMY ELEMENTARY SCHOOL

---

## Emergency Contact and Medical Information for a Child 2020-2021

/ M F

Child's Name (LAST) (FIRST) Date of Birth GRADE Gender

Parent's/Guardian's Name / RELATIONSHIP

( ) ( )

Home Phone Work Phone

Address

City, ST ZIP Code

CELL PHONE

Parent's/Guardian's Name / RELATIONSHIP

( ) ( )

Home Phone Work Phone

Address

City, ST ZIP Code

CELL PHONE

## Alternative Emergency Contacts (People who can be pick up your child in case of an emergency)

/ /

Primary Emergency Contact/ RELATIONSHIP Secondary Emergency Contact/ RELATIONSHIP

( ) ( ) ( ) ( )

Home Phone Work Phone Home Phone Work Phone

---

Address

Address

(     )

(     )

---

City, ST ZIP Code

CELL PHONE

---

City, ST ZIP Code

CELL PHONE

## Medical Information

---

Hospital/Clinic Preference

---

Physician's Name

---

Phone Number

---

Insurance Company

---

Policy Number

---

Allergies/Special Health Considerations

***Medication cannot be dispensed by school personnel.***

If neither a parent/guardian, emergency contact listed above, nor the family doctor can be contacted in case of serious illness or injury, permission is requested to take emergency action as deemed necessary. This may include transportation of the student to a hospital or medical center.

Please check one:

PERMISSION GRANTED \_\_\_\_\_

PERMISSION DENIED \_\_\_\_\_

---

Parent's/Guardian's Signature

---

Date

***Please list any ADDITIONAL individuals allowed to pick your child up from school, with contact telephone number(s) on the back of this page. Only people listed will be allowed to pick your child up.***



St. Mary's Academy  
 6905 Chef Menteur Highway  
 New Orleans, Louisiana 70126-5291

**ACKNOWLEDGEMENT**

The undersigned, which represent that they are the parents and/or legal guardians of

\_\_\_\_\_, currently enrolling or enrolled at St. Mary's Academy, acknowledge that this school does not provide special education services or facilities. The undersigned, faculty and staff are only required to make minor adjustments in St. Mary's Academy's education program to attempt to accommodate whatever special needs their child/student may have and that the nature and extent of such minor adjustments are within the sole discretion of the Principal of St. Mary's Academy. The undersigned further acknowledge that, should the Principal of St. Mary's Academy determine in her own discretion that minor adjustments in St. Mary's Academy's education program have not resulted in satisfactory accommodation of the program to the special needs of their child and that it is in the best interest of both the school and the child that he/she be placed in a more appropriate learning environment, then the Principal may ask the undersigned to withdraw their child/student from St. Mary's Academy and/or the child will be removed from the rolls of the school and/or not allowed to re-enroll.

\_\_\_\_\_  
 Parent / Guardian

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Parent / Guardian

\_\_\_\_\_  
 Date

*Sr. Jennie Jones, S.S.F*

Principal, St. Mary's Academy