



HOLY FAMILY-ST. MARY'S SCHOOL
 1001 17TH Avenue South Grand Forks, ND 58201
 Phone: 701-775-9886; Email: hfmschool.org
 Katie Mayer, Principal



FAMILY INFORMATION

_____ () _____ () _____
 Parents/Guardian Home Phone # Work Phone # Email Address

Check which parish you are registered in:

Holy Family Parish St. Mary's Parish Non-Member

TUITION RATE

	# of Students		Standard Tuition		Actual Cost of Education	Total
Parishioner of Holy Family or St. Mary's		X	First Child \$2,900.	OR	\$ 8,800.	
Parishioner of Holy Family or St. Mary's		X	After First Child: \$2,800. Each additional child	OR	\$ 8,800.	
Non-Parishioner		X	Each Additional Child \$3,050.	OR	\$ 8,800.	

Actual Cost of Education represents the full cost of educating a student in Holy Family-St. Mary's Catholic School is \$8,800. per child. We are asking you as a stakeholder in Holy Family-St. Mary's Catholic School to prayerfully consider supporting Catholic education in this manner. **Any dollar amount over the Standard Tuition price is most appreciated and is a tax-deductible donation.**

New families: A \$200 nonrefundable deposit is required with your registration. This will be applied to your account.

K-5 STUDENT FEES

- Hot Lunch Fee \$60 Per month per child
 - Technology & Book Fee \$75 Annual fee due per student with Tuition/Registration Form
 - Student Planners \$ 5 Gr. 3,4,5 annual fee
 - Kindergarten Milk \$40 Annual cost for snack during morning snack time
 - Band Fee \$10 per month \$80 Annual cost
- Sept.15 – May 15 - 4&5 graders are eligible for band.

List each student and check fees that apply.

COST SUMMARY

Student:	Student:	Student:	Student:
Hot Lunch Fee	Hot Lunch Fee	Hot Lunch Fee	Hot Lunch Fee
Technology-Book Fee	Technology-Book Fee	Technology-Book Fee	Technology-Book Fee
Band Fee	Band Fee	Band Fee	Band Fee
Student Planner	Student Planner	Student Planner	Student Planner

Please complete this form and provide parent signature where requested highlighted in gray, all pages except #1 request parent signatures.

METHOD OF PAYMENT (Choose one of three options)

- Annual Payment** Pay entire balance by September 1
- Semi-Annual Payment** Payments due September 1 and February 1
- Monthly Payments** *10 monthly payments due September 15 to and including June 15, (automatic withdrawal from bank account, fill out information & sign below for automated account authorization withdrawal.)

Family Name: _____ Home Phone: _____ Cell Phone: _____

Address: _____ Email address: _____

Check one of following boxes: New Enrollment Change in authorized account Change in Account

Total Monthly Amount to be withdrawn: \$ _____

Payments taken from checking account – attach voided check:

Routing #: _____ Checking Account #: _____

I authorize Holy Family Catholic Church to automatically withdraw tuition payments and designated fees from account listed on the fifteenth of each month from September to and including June. This authority will remain in effect until I have given written notification to terminate authorization.

Authorization Signature: _____ Date _____

Holy Family-St. Mary's School accepts payment by credit card.

K-5 Scholarship Request: Contact Principal Katie Mayer @ 701-775-9886. All applications will require a copy of 2016 Tax Forms, application form available in school office. We request scholarship applications to be submitted as soon as possible.

STATEMENT OF PAYMENT TERMS: Any accounts 60 days past due will be scheduled for a meeting with the Principal and business manager.

I/We have read the above statement of payment terms regarding delinquent accounts and understand the circumstances.

2017-2018 ENROLLMENT AND INFORMATION SHEET: This form must be completed by a parent or guardian. Kindergarteners are required to have official copies of their birth certificate, immunization form and baptismal certificate filed with their school registration form.

All applications received before March 31, 2017 will receive a \$50 per student discount on Technology/Book Fee. All applications after that date will be charged the full \$75 per child for Technology/Book Fee per student. Technology/Book Fees are nonrefundable.

Male Female

Full Legal Name of Child	DOB _____ Baptism Date: _____ Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnicity <input type="checkbox"/> Asian; <input type="checkbox"/> Black <input type="checkbox"/> Pacific Islander; <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native American; <input type="checkbox"/> White; <input type="checkbox"/> Other: _____	2017-18 Grade Level:
Full Legal Name of Child	DOB _____ Baptism Date: _____ Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnicity <input type="checkbox"/> Asian; <input type="checkbox"/> Black <input type="checkbox"/> Pacific Islander; <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native American; <input type="checkbox"/> White; <input type="checkbox"/> Other: _____	2017-18 Grade Level:
Full Legal Name of Child	DOB _____ Baptism Date: _____ Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnicity <input type="checkbox"/> Asian; <input type="checkbox"/> Black <input type="checkbox"/> Pacific Islander; <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native American; <input type="checkbox"/> White; <input type="checkbox"/> Other: _____	2017-18 Grade Level:
Neighborhood Public School	City	Religion	
Family Address	State	Zip Code	
Parent Information: Father's Name: _____ List home address only if different than children: _____ _____ _____	Home Phone: _____ Cell Phone: _____	Employer: Work or Day Phone: _____ e-mail address _____	<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Single <input type="checkbox"/> Biological Father <input type="checkbox"/> Step Parent
Parent Information: Mother's Name: _____ List home address only if different than children: _____ _____ _____	Home Phone _____ Cell Phone _____	Employer: Work or Day Phone: _____ e-mail address _____	<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Single <input type="checkbox"/> Biological Father <input type="checkbox"/> Step Parent

ONE CALL NOW is our automated parent notification system. Parents will be notified by call, text, and email regarding school closings, early dismissals due to inclement weather and for other messaging. Please list one home number, a preferred cell phone number, a preferred email address. **Please use the following 3 contacts** for our notification.

Home Number: _____; Cell Phone: _____; E-mail: _____

Parent Signature: _____ Date: _____

Family Physician		Clinic & Telephone Number		
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Physician to Call in an Emergency	Clinic Telephone #			
Dentist to Call in an Emergency	Clinic Telephone #			

I hereby authorize Holy Family-St. Mary's School to secure emergency medical treatment for my child under the following conditions:

1. An emergency or unanticipated condition necessitates immediate action for the preservation of life or health of child and/or
2. Reasonable attempts to contact parent/s have failed.

Parent Signature:	Date

AUTHORIZATION TO RELEASE CHILD:

Unless otherwise authorized by a legal parent or guardian in writing, only the legal parent or guardian may pick up children from Holy Family-St. Mary's School or Holy Family-St. Mary's Club House. **List below any others you wish to authorize for this purpose**

Name	Relationship to child	Home Phone	Work Phone	Cell Phone
1.				
2.				
3.				
4.				

These People are NOT allowed to pick up my child from school or clubhouse:

Name	Relationship to child	Home Phone	Work Phone	Cell Phone
1.				
2.				

Hospital		Hospital Telephone Number		
Do any of your children have allergies, if so list child's name and allergy in this column		Health Problems – Check all existing Medical conditions. Describe at bottom of page, if need more space attach sheet		Usual Treatment
Child's Name:		<input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/> Seizures <input type="checkbox"/> Hearing Frequent Infections, Hearing Aids, or Tubes <input type="checkbox"/> Heart Problem <input type="checkbox"/> Vision –Contacts/Glasses <input type="checkbox"/> behavioral Issues <input type="checkbox"/> other attach description <input type="checkbox"/> health Condition resulted in a medical emergency Attach description <input type="checkbox"/> Is your child under current medical treatment? Explain. <input type="checkbox"/> Attach a written explanation for each condition checked, mention it to school office personnel or principal.		<input type="checkbox"/> Epi Pen: Form with Health plan, parent and doctor signature required to be on file in school office. <input type="checkbox"/> Medication: Form with Health plan, parent and doctor signature required to be on file in school office. Required forms are attached.
Describe any limitation(s) your child may have participation at Holy Family-St. Mary's School		Check all existing medical conditions. Describe at bottom, or attach sheet		Usual Treatment
Child's Name:		<input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/> Seizures <input type="checkbox"/> Hearing Frequent Infections, Hearing Aids, or Tubes <input type="checkbox"/> Heart Problem <input type="checkbox"/> Vision –Contacts/Glasses <input type="checkbox"/> behavioral Issues <input type="checkbox"/> other attach description <input type="checkbox"/> health Condition resulted in a medical emergency Attach description <input type="checkbox"/> Is your child under current medical treatment? Explain. <input type="checkbox"/> Attach a written explanation for each condition checked, mention it to school office personnel or principal.		<input type="checkbox"/> Epi Pen: Form with Health plan, parent and doctor signature required to be on file in school office. <input type="checkbox"/> Medication: Form with Health plan, parent and doctor signature required to be on file in school office. Required forms are attached.
Describe any limitation(s) your child may have participation at Holy Family-St. Mary's.				
CERTIFICATION: I certify the above Information to be true to the best of my knowledge.		Parent/Guardian Signature:	Date	

Use this space for explanation of above medical information on your child/ren health issues. If you need more space, please use the blank sheet at the end of this form with explanations on all health related information.

FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA)– Annual Notice for Disclosure of Directory Information

The Family Educational Rights and Privacy Act (FERPA), a federal law, requires that Holy Family-St. Mary's School, with certain exceptions, obtain the written consent of a parent or legal guardian prior to the disclosure of personally identifiable information from a child's educational records. However, Holy Family-St. Mary's School may disclose appropriately designated "directory information" without written consent unless a parent or legal guardian has advised the school to the contrary in accordance with school procedures without written consent unless a parent or legal guardian has advised the school to the contrary **in accordance with the school procedures.**

The primary purpose of the directory information is to allow Holy Family-St. Mary's School to include some types of information from your child's educational records in school publications. Examples include:

- A playbill or program showing your child's role in a school production
- Annual yearbook
- Honors or recognition lists
- School/student directory
- School website

Directory information, which is generally not considered harmful or an invasion of privacy when released, can also be disclosed to outside organizations without a parent's prior written consent. Outside organizations include, but are not limited to, other schools the student is seeking to attend (students records, etc.), companies that manufacture or print student materials, state or federal authorities, evaluating programs or enforcing state or federal laws, and a court by order of subpoena.

Parent Request for Non-Disclosure of School Directory Information

If you do not want Holy Family-St. Mary's School to disclose directory information from your child's educational records without your prior consent, **you must notify the school, in writing, by September 1, 2017.** Holy Family-St. Mary's School has designated the following information as directory information.

- Student's Name
- Parent's Names
- Address
- Telephone Listing
- Electronic mail address
- Photograph
- Date and Place of Birth
- Dates of attendance
- Grade Level
- Participation in officially recognized activities and sports
- Degrees, honors, and awards received

PHOTOGRAPHY AND MEDIA RELEASE FORM

I, Parent/Guardian of: _____

List Names of your children on the above line.

hereby consent that the photographs and/or motion picture or videotape for which she/he posed, and/or audio recordings made of her/his voice may be used by Holy Family-St. Mary's School, its assignees or successors in whatever way they desire, including television and electronic media. Furthermore, I hereby consent that such photographs, films, recordings, plates and tapes are the property of the school, and they shall have the right to duplicate, reproduce, and make other uses of such photographs, films, recordings, plates and tapes as they may desire free and clear of any claim whatsoever on my part.

Parent Signature:

Date:

2017 -18 Computer Internet Safety Contract

Holy Family-St. Mary's School students will have the opportunity to learn computer skills and access the internet for educational purposes throughout the school day. In order to provide a safe environment for our students, we ask that you take some time to discuss internet safety with your child. Below are important guidelines for going online. The teachers will direct the length of time and appropriate sites for students to visit. 30-minute periods are the general recommendation for computer activity.

- I will not give out personal information such as my address, telephone number, parents' work address/telephone number, or the name and location of my school.
- I will tell my teachers/parents right away, if I come across any information that makes me feel uncomfortable.
- I will not give out my Internet password to anyone (even my best friends) other than my parents. I will not respond to any messages that are mean or in any way make me feel uncomfortable. This is considered Cyber Bullying. It is not my fault if I get a message like that. If I do, I will tell my teachers/parents right away.
- I will check with my teachers/ parents before downloading or installing software or doing anything that could possibly hurt our computer or jeopardize my family's privacy. Illegally downloading copyrighted material (music, videos included) is against the law.
- I will only interact online with those I already know. If I am uncomfortable, I will quit and tell. I will never agree to get together with someone without first checking with my parents.

All students K-5 will have access to the school computers and the internet. We promote good online citizenship here at Holy Family-St. Mary's School. The undersigned agrees to the above stipulations and understands that violation or misuse will result in loss of access to Holy Family-St. Mary's School computers for internet use.

Student Signature

Student Signature

Student Signature

Student Signature

I will help my child follow this agreement and will allow reasonable use of the Internet as long as these rules and other family rules are followed.

Parent Signature:

Date:

FIELD TRIP PERMISSION

We/I give our permission for our children to go on field trips throughout school year. Classroom teacher will send home information on their field trips prior to going.

Parent Signature:	Date:
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SPACE FOR ENTERING INFORMATION ON HEALTH ISSUES or any information that will help make your child's school year successful:

How did you hear about Holy Family-St. Mary's School?
