



ST. ETHELREDA SCHOOL
8734 South Paulina Avenue
Chicago, Illinois 60620
(773) 238-1757; Fax (773) 238-6059

Student Enrollment Form / Emergency Information

School Year 2022 - 2023

INSTRUCTIONS: (Complete Sections A - G. Omit Sections H and/or I if any does not pertain to you. Please sign and Date)

A: Student Information

Name: _____ Grade: _____
Last First Middle

Date of Birth: _____ Gender: _____ Race: _____ Church Affiliation: _____

B: Primary Family Information

Address: _____
Street City State Zip code

Home Phone: _____ Cell Phone: _____ Email Address: _____

Mother's Workplace _____ Phone#: _____

Father's Workplace _____ Phone#: _____

C: Parent Information

Mother: _____ Father: _____
Last First Last First

Does student live with: Mother Father Both (Circle One)

Mother's Phone # _____ Father's Phone # _____

Is address the same as above? Yes or No (Circle One). If no, please provide address:

_____ Street City State Zip code

D: Emergency Contacts

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

E: Medical Contacts

Physician Name: _____ Phone: _____

Dentist Name: _____ Phone: _____

Any allergies, chronic conditions, health problems? Yes / No. If yes please explain: _____

F: People authorized to pick up child/children

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

G: Name of other siblings that attend the school

Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____

H: For Transfer-In Students

Name of Former School _____

Address of Former School _____

Is it a Catholic School? ___ yes ___ no If no: Is it a Private School _____ Public School _____

I: For Catholic Students

Name of Parish where student's family is a member _____

Has student made First Communion? ___ yes ___ no. If yes: When _____ Where _____

Was student confirmed? ___ yes ___ no. If yes: When _____ Where _____

Has student made First Reconciliation? ___ yes ___ no

Parent Signature

Date

Archdiocese of Chicago Office of Catholic Schools
 To be completed by parent/guardian for each child and submitted to the school annually.

**MEDICAL AND EMERGENCY NOTIFICATION INFORMATION
 AUTHORIZATION FOR MEDICAL TREATMENT**

SCHOOL _____ SCHOOL YEAR _____

STUDENT NAME	DATE OF BIRTH	GRADE	LIST MEDICAL ALLERGIES and/or SIGNIFICANT MEDICAL HISTORY

PLEASE PRINT

Parent/Guardian _____ Parent/Guardian _____

Home Phone () _____ Work () _____ Home Phone () _____ Work () _____

Cell Phone () _____ Cell Phone () _____

Name of Student's Physician _____ Phone () _____

Address _____ City _____ State _____

Medical Insurance Provider _____ Policy/Insurance # _____

EMERGENCY CONTACTS IN CASE PARENT/GUARDIAN CANNOT BE REACHED:

NAME _____ RELATIONSHIP TO STUDENT _____
 Phone 1 () _____ Phone 2 () _____

NAME _____ RELATIONSHIP TO STUDENT _____
 Phone 1 () _____ Phone 2 () _____

MEDICAL RELEASE

In the event that the undersigned, or my/our authorized physician, cannot be reached and in the judgment of the School Principal or his/her authorized staff member, there is a necessity for immediate examination and/or treatment of my/our child, I/we hereby request and authorize any of the aforesaid personnel to obtain for my/our child such medical services as are deemed necessary. I/we agree to assume the financial responsibility for any diagnosis/treatment and/or for medication deemed necessary. I/we understand that it may be necessary for my/our child's medical condition to be disclosed to school personnel and/or medical providers and I/we expressly consent to such disclosure.

 PARENT/GUARDIAN SIGNATURE

 DATE

 PARENT/GUARDIAN SIGNATURE

 DATE

THIS FORM SHALL ACCOMPANY STUDENTS ON FIELD TRIPS. IT IS THE RESPONSIBILITY OF THE PARENT/GUARDIAN
 TO UPDATE EMERGENCY INFORMATION AS NECESSARY.

To be updated by parent/guardian/physician annually

MEDICATION AUTHORIZATION FORM

SCHOOL, _____, ILLINOIS

Student Name (Last, First, Middle) _____ Date of Birth _____ Grade _____ Date _____

Medications may be administered in school in accordance with the School Medication Procedures; No medication may be administered in school unless both the student's physician and parent/guardian have completed, signed, and returned this entire form to the School and the medication in the original labeled container as dispensed (prescription medication) or the manufacturer's labeled container (non-prescription medication). The medication label shall contain the student's name, name of the medication, direction for use and date.

Parent/Guardian Permission and Authorization

I hereby acknowledge that I am primarily responsible for administering medication to my child. However, in the event that I am unable to do so or in the event of a medical emergency, I hereby authorize the School Principal or his/her designee, on my behalf, to administer or to attempt to administer to my child (or to allow my child to self-administer in accordance with School Medication Procedures), lawfully prescribed medication and non-prescribed medication in the manner described in the Physician's Order (Side 2). I acknowledge that it may be necessary for the administration of medications to my child to be performed by an individual who does not have medical training, and I specifically consent to such practices.

I understand that this authorization is not effective unless the School Principal or his/her designee has approved the medication authorization for my child and signed the approval form on Side 2.

I further acknowledge and agree that, when such medication is to be administered or attempted to be administered, I waive any claims I might have against the School, the Catholic Bishop of Chicago, the parish, or any of their employees or agents arising out of the administration or attempted administration of such medication. In addition, I agree to hold harmless and indemnify the School, the Catholic Bishop of Chicago, the parish, and its employees or agents, jointly or severally, from and against any and all claims, damages, causes of action or injuries incurred or resulting from the administration or attempted administration of said medication.

Parent/Guardian (PRINT) _____

Parent/Guardian (PRINT) _____

Parent/Guardian (SIGNATURE) _____

Parent/Guardian (SIGNATURE) _____

Address _____

Address _____

City, State, Zip Code _____

City, State, Zip Code _____

Home Phone _____

Business Phone _____

Home Phone _____

Business Phone _____

Cell Phone _____

Cell Phone _____

SIDE 1

Physician's Order

Student _____

Grade _____

Medication/ Health Care Treatment _____ Dosage _____ Time(s) to be administered _____

Intended effect of this medication _____ Expected side effects, if any _____

List any other medications the student is taking _____

1) May student self-administer medication under supervision of school personnel who do not have medical training?

(Please circle) YES NO

2) For ASTHMA and ALLERGY CONDITIONS ONLY:

I certify that this student has been instructed in the use and self-administration of this medication and is capable of self-administering the medication independently and without supervision.

(Please circle) YES NO

3) I also request that this student be allowed to carry the above-described medication on their person during school hours and during school-related activities in order to facilitate the self-administration of the medication needed.

(Please circle) YES NO

Administration Instructions:

Physician's/ Prescriber's Signature _____

Date Signed _____

Physician's/ Prescriber's Name (PRINT) (PRINT) _____

Emergency telephone number _____

Address _____

City, State, Zip Code _____

Medication Authorization approved or denied and signed this _____ day of _____ 20____

(Please circle one of the above)

by _____ on behalf of _____, Illinois

Signature of Principal

Name School

City

Photo Release

On occasion, the school uses photos and/or academic work of students in local publications (e.g., website, yearbook, advertisements, bulletin articles, and other public relations material). By initialing and signing below, I give permission for the school to publish my child(ren)'s photo or academic work in any format including group or individual photos.

Acceptable Use

I / we have read the school technology guidelines, and have discussed them with my child(ren). In consideration of the privilege of my child (ren) using the school's electronic communications system and in consideration of having access to the public networks, I / we hereby release the school, its operators, and any institutions with which they are affiliated from any and all claims and damages of any nature arising from my child's use of, or inability to use, the system, including, without limitation, the types of damage identified in the **Acceptable Use Procedures (AUP)**.

I / We understand that access to the school technology resources is not a private activity and that the school will monitor student activity on any of the school resources including but not limited to the computer system, e-mail system, and other electronic devices and programs.

I / We have read the school's technology procedures and regulations and agree to abide by these provisions. Violation of these provisions may result in suspension or revocation of system access. I / We also understand that any actions taken through the school network that are in violation of the school disciplinary code will be handled in accordance with the code. Appropriate legal authorities may be contacted if there is any suspicion of illegal activity.

By signing below, I give my child(ren) permission to participate in the school's electronic communications system including the internet and certify that the information contained on this form is correct.

Release of Information

The school and its agents have permission to confer and exchange academic and clinical (psychiatric, behavioral, school performance, medical, substance abuse, psychological, social, recreational, vocational, sessions) records and communications including any evaluations and history, social history, educational plans, grades and reports, medical testing, speech and language development screening, psychological evaluation, behavioral incidences, and any written or verbal information disclosed in session with the last school that they attended, _____. This information may be used for the purpose of instituting and reviewing an educational plan, coordinating school services, and ensuring the safety of the student and the school.

This agreement is valid from when it is signed until the date the student transfers or graduates from the school. This authorization may be revoked any time prior to that date upon written request to the principal. Information released prior to the revocation is not affected.

School Policies/Tuition

I / We understand that acceptance of registration and enrollment is conditional based on the family staying current with tuition payments and following the policies of the school and the Archdiocese of Chicago. Failure to do either of these things may result in disciplinary or other action by the school including exclusion from school and/or expulsion from the school. By signing below, I agree that I have received a copy of the school policies and procedures and agree to be bound by them and the statement above.

Catholic High School Recruitment (For parents of students entering the 6th, 7th, and 8th grades) YES NO

The Office of Catholic Schools and the Catholic high schools in the Archdiocese of Chicago are developing a student/parent contact database to better reach Catholic elementary school families as they consider high schools plans. You can be confident that your contact information will be used responsibly. Your contact information will not be shared by anyone outside the Archdiocesan Catholic high schools. Catholic high schools may use a variety of criteria (e.g., geographical proximity to the high school, available transportation options, etc.) when selecting families to contact. If you wish that a high school no longer contact you or your child, simply contact the high school via email or by phone. By circling "Yes" above, you authorize the elementary school to share the following information with the Office of Catholic Schools and the Catholic high schools in the Archdiocese of Chicago for the purposes mentioned above: name of elementary school your child is attending, student's first and last name, student's gender, student's grade level, home address, home phone number, parent/guardian's first and last name, parent/guardian's email address and cell phone number.

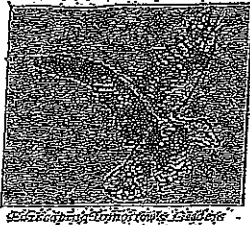
Child/Children's Name: _____

Grade: _____

PARENT/GUARDIAN NAME

SIGNATURE

DATE



St. Ethelreda School
 8734 S. Paulina Street, Chicago, IL 60620



SCHOOLREACH PHONE INFORMATION FORM

It is said that communication is the life wire of every organization; and every successful human interactions is the result of easy flow and effective communication. Therefore, we need the following contact numbers to enable us reach out to you as soon as possible.

The Primary Contact Number will be used to call you every time we send a SchoolReach call, regardless of the urgency of the message.

The Secondary Contact Number will be called at the same time as the Primary Number on calls where the message we are sending is of a more urgent or time sensitive nature to ensure that we get the call to you as soon as possible.

Mother: _____ Father: _____
 Last First Last First

Child 1: Last Name: _____ First Name: _____
 Primary Contact # _____ Secondary Contact # _____

Child 2: Last Name: _____ First Name: _____
 Primary Contact # _____ Secondary Contact # _____

Child 3: Last Name: _____ First Name: _____
 Primary Contact # _____ Secondary Contact # _____

Child 4: Last Name: _____ First Name: _____
 Primary Contact # _____ Secondary Contact # _____

► Please consider these numbers carefully and make an effort to keep us informed as soon as possible if either number changes for any reason.