

Section II: Parent Information

MOTHER'S INFORMATION

Mother's Name: _____ Mother alumna of school?
LAST FIRST MIDDLE Yes No

Home Phone: _____ Cell Phone: _____

Email Address: _____ Work Phone: _____

Place of Employment: _____ Occupation: _____

Address of Employment: _____

FATHER'S INFORMATION

Father's Name: _____ Father alumnus of school?
LAST FIRST MIDDLE Yes No

Home Phone: _____ Cell Phone: _____

Email Address: _____ Work Phone: _____

Place of Employment: _____ Occupation: _____

Address of Employment: _____

GUARDIAN'S INFORMATION *(if other than parent)*

Guardian's Name: _____
LAST FIRST MIDDLE

Home Phone: _____ Cell Phone: _____

Email Address: _____ Work Phone: _____

Place of Employment: _____ Occupation: _____

Address of Employment: _____

OTHER INFORMATION

Parent's Marital Status: Married Divorced Separated Widowed Other

Does Your Child Have Any Major Physical Disabilities? Yes No

Step-Mother's Name: _____
(if applicable) LAST FIRST MIDDLE

Step-Father's Name: _____
(if applicable) LAST FIRST MIDDLE

PARISH INFORMATION

Parishioner Yes No Envelope Number _____

Parish Name Where Family Is Registered: _____

Person(s) Responsible for Paying Tuition Print Name(s): _____

Section III: Emergency Contact Information

Doctor's Name: _____

Doctor's Phone: _____

Dentist's Name: _____

Dentist's Phone: _____

EMERGENCY CONTACTS IN CASE PARENTS/GUARDIANS CAN'T BE REACHED:

1. Emergency Contact: _____ Relationship: _____

Phone Number 1: _____ Phone Number 2: _____

2. Emergency Contact: _____ Relationship: _____

Phone Number 1: _____ Phone Number 2: _____

3. Emergency Contact: _____ Relationship: _____

Phone Number 1: _____ Phone Number 2: _____

STUDENT MEDICAL INFORMATION

List **each child's name** and their Medical Allergies and/or Significant Medical History, write N/A if not applicable.

1. _____

2. _____

3. _____

Medical Insurance Provider: _____ Policy/Insurance #: _____

Medical Authorization

In the event that the undersigned, or my/our authorized doctor cannot be reached and in the judgment of the school principal and/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 that are deemed necessary. I/We agree to assume the financial responsibility for any diagnosis/treatment and/or medication deemed necessary.

PRINT PARENT/GUARDIAN NAME	SIGNATURE	DATE
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PRINT PARENT/GUARDIAN NAME	SIGNATURE	DATE
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Parent Releases and Waivers

Family Name: _____

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 acknowledge that the St. Monica Family Handbook is posted on the St. Monica Academy website, www.stmonicachicago.com for my family to read and reference. It can be accessed in the "Parents" tab under "Forms & Registration." 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.

PARENT/GUARDIAN SIGNATURE

DATE

PARENT/GUARDIAN SIGNATURE

DATE