

SAINT NICHOLAS ACADEMY REGISTRATION FORM - 2010 - 2011
STUDENT / FAMILY INFORMATION



Please verify all information, complete where necessary and make corrections where needed.

Mother: _____

Father: _____

Student: _____

	Mother	Father
Relationship (Parent, step-parent, guardian, deceased, grandparent)		
Marital Status (Married, single, deceased, divorced / remarried, separated)		
Street		
City / State / Zip		
Home Phone		
Work Phone		
Cell Phone / Pager		
Email Address		
Employer		
Employer Address		
Occupation		
Religion		
Birth Country		

Student's Residence:

Street: _____

City / State / Zip: _____

Phone: _____

Direct Correspondence will be mailed to:

Street: _____

City / State / Zip: _____

Phone: _____

Language(s) spoken at home: _____

Names and dates of birth of ALL children in family - Include pre-school children

Custody (if applicable): Single (Y/N) _____ Name: _____
 Joint (Y/N) _____ Names: _____

Transferred Information:

School: _____ School Address: _____

Entered (Date): _____ Withdrew (Date): _____

FOR OFFICE USE	
Pre-registration Fee Paid: _____	Received: _____
Tuition Rate: _____	
Tuition: _____	
	Application Status
	1A - Siblings
	1B - Oldest/Only
	1C - Catholic
	2010 - 2011

SAINT NICHOLAS ACADEMY REGISTRATION FORM - 2010 - 2011
STUDENT INFORMATION



Please verify all information, complete where necessary and make corrections where needed.

Student _____

Date of Birth _____

SSN: _____

Sex: _____

Proposed Grade Placement: _____

Birth City/State: _____

Child's Birth Country: _____

Oldest (Y/N) _____

First Language Child Learned to Speak: _____

Language Child Speaks Most Often: _____

Ethnicity: _____

If Blank, Please Circle One: African American, Caucasian American, Native American, Asian American, Hispanic American, Pacific Islander

After School, child goes to:

Place: _____ **Phone:** _____

Contact: _____

Mode of Transportation: _____ (ie: car, Miller Trans., Walker, TARC)

Religious Records:

Religion: _____

	SACRAMENT (Yes / No)	DATE	CHURCH	CITY / STATE
Baptismal:	_____	_____	_____	_____
First Eucharist:	_____	_____	_____	_____
First Reconciliation:	_____	_____	_____	_____
Confirmation:	_____	_____	_____	_____

Release / Emergency Information: Other than Parents / Guardian: This information is for your child's safety and care, and if not completed your child **WILL NOT** be released to anyone except you, the parent.

1st Contact: _____

2nd Contact: _____

Relation: _____

Relation: _____

Daytime Phone: _____

Daytime Phone: _____

Cell Phone: _____

Cell Phone: _____

Doctor Name: _____

Hospital Name: _____

Doctor Phone: _____

Hospital Phone: _____

Health / Physical:

Limitations: _____

Medical considerations:

Medicine: _____

Instructions / Allergies: _____

Immunization Expiration Date: _____

Please list any **extenuating circumstances** that may be helpful in the placement of your child:

Signature: _____

Date: _____



5501 New Cut Road
Louisville, KY 40214
502-368-8506 Fax: 502-380-5453
www.sna-panthers.org

2010/2011 TUITION AGREEMENT

Responsible party _____

Address _____	Student Name _____	Grade _____
City/State _____	Student Name _____	Grade _____
Zip _____	Student Name _____	Grade _____
Phone _____	Student Name _____	Grade _____

It is agreed to and understood as a condition of our child's/children's education at Saint Nicholas Academy, we will pay tuition for the 2010/2011 school year based on our preference as indicated. We are obligated to enroll in ACH (automatic withdrawal) for submission of payments as checked on the back of this form. The **only exception is payment made in full**. If ACH is returned, a charge of \$30.00 will be assessed. Second occurrence will result in a mandated meeting with the **Head of School**. If the ACH debit is blocked your child(ren) will not be allowed to return to St. Nicholas Academy until the account is current. Responsible party will be liable for any unpaid balance. We also understand that if we choose to leave Saint Nicholas Academy for any reason other than expulsion, we will be responsible for the tuition amount.

If you have elected to pay your tuition in full you must pay before June 15th. Annual payments are eligible for a 3% discount if paid in full no later than June 15th.

Please Note: Financial aid and/or grant money is not eligible for the 3% discount. The remaining tuition balance, if paid in full, is eligible for the discount. Any time financial aid is received tuition will be recalculated.

It is further agreed and understood that in the event of default, if this account is turned over to an agency or attorney for collections, the undersigned agrees to pay all reasonable attorney fees and costs of collection pursuant to KRS 411.195.

Responsible Party: _____

Date: _____

AUTOMATIC WITHDRAWAL AUTHORIZATION AGREEMENT

It is agreed to and understood as a condition of our child's/children's education at Saint Nicholas Academy, we will pay tuition for the 2010/2011 school year based on our preference as indicated. We are obligated to enroll in ACH (automatic withdrawal) for submission of payments as checked on the form below. The **only exception is payment made in full**. Financial aid and/or grant money is not eligible for the 3% discount. The remaining tuition balance, if paid in full, is eligible for the discount. Any time financial aid is received tuition will be recalculated. The check needs to be received in this office by June 15th and will be deposited upon receipt. If ACH is returned, a charge of \$30.00 will be assessed. Second occurrence will result in a mandated meeting with the **Head of School**. If the ACH debit is blocked or account closed your child(ren) will not be allowed to return to St. Nicholas Academy until the account is current. Responsible party will be liable for any unpaid balance. We also understand that if we choose to leave Saint Nicholas Academy for any reason other than expulsion, we will be responsible for the tuition amount.

I, _____ hereby authorize Saint Nicholas Academy, to initiate electronic debit entries, and if necessary, credit entries to reverse erroneous debit entries to my account(s) listed below. It is agreed that these withdrawals will be made in accordance with the Rules of the National Automated Clearing House Association (NACHA).

- Bank Name: _____
- Checking Account Account # _____ Routing Number: _____
- Savings Account Account # _____ Routing Number: _____
- Credit Union Account # _____ Routing Number: _____
- Use same account? Yes _____ No _____

I choose to have my **TUITION PAYMENT** deducted as follows.

TUITION PAYMENT SCHEDULE
(Place an X in the appropriate box below)

DISCOUNT RATE	Number of Payments	1 Child	X	2 or More Children	X
Monthly (1 st of month)	12	\$440.00		\$495.00	
Semi-Monthly (1 st & 15 th)	24	\$220.00		\$247.50	
Quarterly (7/1, 10/1, 1/1, & 4/1)	4	\$1320.00		\$1485.00	
Bi-Annually (7/1 & 1/1)	2	\$2640.00		\$2970.00	
***Annual rate w/discount	1	\$5121.60		\$5761.80	
**Annual rate	1	\$5280.00		\$5940.00	

REGULAR RATE	Number of Payments	1 Child	X	2 or More Children	X
Monthly (1 st of month)	12	\$600.00		\$650.00	
Semi-Monthly (1 st & 15 th)	24	\$300.00		\$325.00	
Quarterly (7/1, 10/1, 1/1 & 4/1)	4	\$1800.00		\$1950.00	
Bi-Annually (7/1 & 1/1)	2	\$3600.00		\$3900.00	
***Annual rate w/discount	1	\$6984.00		\$7566.00	
**Annual rate	1	\$7200.00		\$7800.00	

NOTE if any of the above dates fall on a weekend or holiday, then the withdrawal will take place the first banking day following the above date.

This authority shall remain in full effect for the fiscal year beginning July 1, 2010 and ending June 30th 2011.

IMPORTANT

A VOIDED CHECK MUST BE ATTACHED FOR EACH CHECKING ACCOUNT.

A VOIDED DEPOSIT SLIP MUST BE ATTACHED FOR EACH SAVINGS ACCOUNT.

Name: _____ SS# _____

Address: _____ Date: _____

Name (Please Print): _____

Responsible Party Signature: _____



5501 New Cut Road
Louisville, KY 40214
502-368-8506 Fax: 502-380-5453
www.sna-panthers.org

Dear Saint Nicholas Academy Family,

Financial Aid Applications for the 2010-2011 school year are now available in the school office. Anyone applying for financial aid, must pick up the packet from the school office. Office hours are Monday through Friday from 7:00 A.M. to 4:00 P.M. You must complete an application for the 2010-2011 school year even if you are currently receiving financial assistance.

Saint Nicholas Academy is a tuition-based program. The Catholic Education Foundation, Inc. will be able to help some of our families but as we have seen, this help is not always enough. The amount of financial assistance available through Saint Nicholas Academy is limited. We will not be able to give full scholarships to any family. We will hold strong the requirement to apply for assistance through PSAS in order to qualify for help through Saint Nicholas Academy.

Financial aid and/or grant money is not eligible for the 3% discount. The remaining tuition balance, if paid in full, is eligible for the discount. Any time financial aid is received tuition will be recalculated

In order to receive the discounted rate, the Pastors expect parishioners to worship in their parish weekly, active in one aspect of parish life, and support the parish financially.

We require ACH (automatic withdrawal) for tuition payments. ACH is an electronic withdrawal system that simplifies bookkeeping. You are not required to enroll in ACH if you choose to make an annual payment by June 15th 2010. If you prepay by June 15th, you will receive a 3% discount. ACH payments can be arranged monthly, semi-monthly, quarterly or bi-annually.

I would like to take this opportunity to thank you for your cooperation and efforts in making this process go smoothly. If you have any questions or need further information, please feel free to give call the school office at 368-8506.

Sincerely,

Ms. Carol Nord
Head of School



ACADEMY

Internet Student Agreement and Parent Permission Form

Please complete one per child

As a user of St. Nicholas Academy's computer network, I hereby agree to comply with its Internet and network rules and to communicate over the network in a responsible manner, while abiding by all relevant laws and restrictions.

Name of Student (PLEASE PRINT)

As the parent or legal guardian of the student signing above, I grant permission of my child(ren) to access networked computer services such as the Internet.

Although steps have been taken to provide filtered Internet access, I understand that some objectionable materials on the Internet may be accessible. I accept responsibility for guidance of Internet use and of setting and conveying standards for my child to follow when selecting, sharing, researching or exploring electronic information and media.

Parent Signature _____

Date: _____

Telephone: _____

Restrictions: _____

The Internet network may not be accessed before 7:00 A. M. and not be accessed after 3:00 P.M. unless permission is given to the student.



Internet & Electronic Mail Student User Agreement

Access to Electronic mail and the Internet will enable students to explore thousands of libraries, database's and bulletin boards while exchanging messages with Internet users throughout the world. While our intent is to make Internet access available to further educational goals and objectives, students may find ways to access objectionable materials as well. We believe that the benefits to students from access to the Internet, in the form of information, resources and opportunities for collaboration, exceed any disadvantages.

To that end, the Archdiocese of Louisville has set the following standards for using on-line information sources.

1. Students are responsible for good behavior on school computer networks, just as they are in the classroom. Communications on the network are often public in nature. The network is provided for students to conduct research and communicate with others. Access to network services is given to students who agree to act in a responsible manner. Parent permission is required, and access is a privilege—not a right.
2. Net work administrators may review files and communications to maintain system integrity and ensure that users are employing the system responsibly. Network storage areas may be treated like school lockers; while generally private, they may be searched under certain circumstances. Users should not expect that files stored on school servers will always be private.
3. Access to information will be honored within reason. During school hours, teachers will guide students toward appropriate materials. Outside of school, families bear the same responsibility as they would when guiding their children with information sources such as books, periodicals, television, telephones, movies, radio and other potentially offensive media.
4. The following are not permitted:
 - Revealing personal information online (name, address, phone number)
 - Sending, receiving, or displaying offensive messages or pictures
 - Using obscene language
 - Harassing, insulting or threatening others
 - Damaging computer systems or computer networks
 - Violating copyright laws
 - Submitting documents from the Internet as personal work
 - Using another person's password
 - Trespassing in someone else's folder, work or files
 - Intentionally wasting limited resources
 - Using the network for commercial purposes
 - Propagating chain messages
 - Making unauthorized down loads
 - Participating in personal chat or instant messaging
5. Violations may result in loss of access as well as other disciplinary action.



ACADEMY WEBSITE RELEASE 2010-2011

Please complete one per family

Many of our teachers make use of class websites to acknowledge their students successes and provide up to date information about classroom assignments and activities. On the class websites **full names will not** be used although pictures will often times accompany information about activities. Please check the appropriate option and sign the form below giving St. Nicholas Academy permission to use your child/children's picture and **FIRST NAME ONLY** on the class website.

_____ I **do** hereby **give and grant** Saint Nicholas Academy permission to use my child's/children's **FIRST NAMES ONLY**, and photograph, and/or videotaped image on St. Nicholas' Internet site or homeroom class sites. I do further certify that I am of full legal capacity to execute the foregoing authorization and release.

_____ I **do not** give permission for Saint Nicholas Academy to use my child's/children's name or image on the Internet.

Signature of Parent/Guardian: _____ Date: _____

Printed Name of Parent/Guardian: _____

Witness: _____

Student Names **Please Print:** _____ Gr. _____

_____ Gr. _____

_____ Gr: _____

_____ Gr. _____

Address: _____

Home Phone: _____



**SAINT NICHOLAS ACADEMY
PHYSICAL EDUCATION UNIFORM ORDER FORM**

DUE IN THE OFFICE ALONG WITH PAYMENT

PLEASE PRINT:

FAMILY NAME: _____

PHONE: _____

Student Name: _____

Grade (2010-11): _____

**IMPRINTED LOGO ON T-SHIRT, SWEATSHIRT AND SWEATPANTS.
ALL T-SHIRTS - \$5.00 EACH
ALL SWEATSHIRTS AND SWEATPANTS - \$10.00 EACH**

Toddler Sizes: 2T, 3T, 4T, 5T

**YOUTH SIZES: T-SHIRTS @ \$5.00 S-(6-8), M-(10-12), L-(14-16)
(PLEASE INDICATE SIZE & QUANTITY.)**

QUANTITY	SIZE	COST
_____	_____	_____
_____	_____	_____
_____	_____	_____

YOUTH SIZES: SWEATSHIRTS @ \$10.00 (see above sizes)

_____	_____	_____
_____	_____	_____
_____	_____	_____

YOUTH SIZES: SWEATPANTS @ \$10.00 (see above sizes)

_____	_____	_____
_____	_____	_____
_____	_____	_____

YOUTH SIZES: SHORTS @ \$15.00 (see above sizes)

_____	_____	_____
_____	_____	_____
_____	_____	_____

ADULT SIZES: T-SHIRT @ \$5.00 (SMALL, MEDIUM, LARGE, AND EXTRA LARGE)

_____	_____	_____
_____	_____	_____
_____	_____	_____

ADULT SIZES: SWEATSHIRTS @ \$10.00

_____	_____	_____
_____	_____	_____
_____	_____	_____

ADULT SIZES: SWEATPANTS @ \$10.00

_____	_____	_____
_____	_____	_____
_____	_____	_____

ADULT SIZES: SHORTS @ \$15.00

_____	_____	_____
_____	_____	_____
_____	_____	_____

Method of Payment: **Cash**
 Check

Receipt Given: _____

Check Number: _____

Money Order: # _____

Date: _____

Initial: _____

Notes: _____

peorder 2010-11



**SAINT NICHOLAS ACADEMY
ORDER FORM**

EMBROIDERED UNIFORM SWEATSHIRT

DUE IN THE OFFICE ALONG WITH PAYMENT

PLEASE PRINT

FAMILY NAME: _____ PHONE: _____

Student Name: _____ Grade (10-11) _____

Current Campus: North/South (circle one)

PLEASE SELECT THE QUANTITY AND APPROPRIATE SIZE BELOW:

YOUTH

ADULT

_____ Small (6-8) @ \$15.00 ea.

_____ Small @ \$15.00 ea.

_____ Medium (10-12) @ \$15.00 ea.

_____ Medium @ \$15.00 ea.

_____ Large (14-16) @ \$15.00 ea.

_____ Large @ \$15.00 ea.

_____ X-Large @ \$15.00 ea.

Method of Payment:

Cash: _____ **Receipt Given:** _____

Check: # _____

Money Order: # _____

Amount Paid: _____

Initial: _____

Date: _____

Notes: _____

Uniform swts.doc

MEDICINE AUTHORIZATION

St. Nicholas Academy

Dear Parent or Guardian:

In order for school personnel to administer any type of medicine to your child at school, we must have on file a signed affidavit giving your permission for us to do so. The medicine should be sent to school with:

- 1. COMPLETE DOSAGE INSTRUCTIONS**
- 2. IN ORIGINAL CONTAINER WITH THE PRESCRIPTION LABEL ATTACHED**

I hereby request school personnel of St. Nicholas academy to give my child the following prescription/medicine.

Child's Name _____

Type of Medicine _____

Dosage & Time of Dosage _____

Doctor's Name & Address _____

These instructions should be followed in giving my child this medicine:

Reason medication is to be given: _____

Reactions or side effects: Please list potential reactions the child might have to this medication: _____

To what hospital should the student be taken in case of emergency:

List allergies or special medical concerns: _____

Emergency numbers: Home _____

Father's Work/Cell _____

Mother's Work/Cell _____

Signature of Parent or Guardian

Date



5501 New Cut Road
Louisville, KY 40214
502-368-8506
www.sna-panthers.org

Field Trip Permission Slip

I request that Saint Nicholas Academy allow my (child/children) to participate in the field trips/visits to and from the Saint Nicholas Academy or Sts. Simon & Jude Church, or St. Thomas More Church or Most Blessed Sacrament Church during the 2010-2011 school year. I understand that all transportation will be by bus and provided by Miller Transportation.

I give my permission for my child/children,

Homeroom: _____
Homeroom: _____
Homeroom: _____
Homeroom: _____

to attend any and all school sponsored events that require bus transportation to and from the St. Nicholas Academy or Sts. Simon & Jude, or St. Thomas More Church or Most Blessed Sacrament for the 2010-11 school year.

I understand that this is an educational trip and a valid extension of the classroom experience. In consideration of making the arrangements for the trip by the school, I hereby release and save harmless the school and any and all personnel from any and all liability for any injuries, loss, or other claims arising or resulting from this trip.

Deadline for permission slip: Thursday, August 12th.

(Signature of parent/guardian)

Date: _____

Note: Are there any medicinal, medical or allergic considerations we should be aware of? Please list:



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Field Trip Permission Slip

I request that Saint Nicholas Academy allow my (daughter/son) to participate in the field trips/visits to _____
(event)

I give my permission for my daughter/son, _____ to attend _____ at _____ on _____.
(name) (event) (destination) (date)

I understand that this is an educational trip and a valid extension of the classroom experience. In consideration of making the arrangements for the trip by the school, I hereby release and save harmless the school and any and all personnel from any and all liability for any injuries, loss, or other claims arising or resulting from this trip.

Deadline for permission slip and money: _____

Attire: _____

Cost: _____

(Signature of parent/guardian)

Date: _____

Note: Are there any medicinal, medical or allergic considerations we should be aware of? Please list:

FIELD TRIP PLANNING FORM

TO BE COMPLETED BY COORDINATING TEACHER AND SENT TO THE OFFICE AS SOON AS THE FIELD TRIP IS BEING PLANNED (No less than two weeks.)

Place: _____ Planned Date: _____

Classes Involved: _____

Educational Purpose: _____

Cost Per Student: _____

Time Leaving: _____

Time Returning: _____

Names of Teachers and Chaperones going:

Check List:

- _____ **Check for Medical, Medicinal or Allergy Considerations. (ie: Are there any daily or emergency medicines, etc. that must be taken?)**

- _____ **Notify the cafeteria of any change in the schedule at least two weeks in advance.**

- _____ **Notify any/all teachers who will be affected by the change in schedule.**

- _____ **Reserve Bus. (Miller Transportation @ 368-5644)**

- _____ **Send all monies collected to the office in AM.**

- _____ **Do Not Keep Money in the classroom.**

Signature of Coordinating Teacher: _____

FIELD TRIP REPORT FORM

Please send to the office the **MORNING OF** the field trip the following information regarding the up-coming field trip:

DESTINATION: _____

DATE: _____

1. _____ Students from all homerooms have turned in their permission slips.

2. _____ Students **may not** go on a field trip without properly signed permission slip (List any student without and indicate under whose supervision they will be).

_____	_____
_____	_____
_____	_____
_____	_____

3. _____ Please list the names of students who have not paid.

_____	_____
_____	_____
_____	_____
_____	_____

4. _____ List the names of any student(s) who has paid and is absent today.

_____	_____
_____	_____
_____	_____
_____	_____

5. _____ Checks Needed: _____

6. _____ **Record on Field Trip Record Form (experience log).**

7. _____ **Yes, I have checked for any medical, daily medicinal or allergy needs of the students.**



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2010/2011 BUS AGREEMENT

Responsible party _____

Address _____	Student Name _____	Grade _____
City/State _____	Student Name _____	Grade _____
Zip _____	Student Name _____	Grade _____
Phone _____	Student Name _____	Grade _____

It is agreed to and understood as a condition of our child's/children's education at Saint Nicholas Academy, we will pay **bus costs** for the 2010/2011 school year based on our amounts as indicated. We are obligated to enroll in ACH (automatic withdrawal) for submission of payments as checked on the back of this form. **The only exception is payment made in full.** If ACH is returned, a charge of \$30.00 will be assessed. Second occurrence will result in a mandated meeting with the **Principal.** If the ACH debit is blocked your child(ren) will not be allowed to ride the bus until the account is current. Responsible party will be liable for any unpaid balance. We also understand that if we choose to leave Saint Nicholas Academy for any reason, we will be responsible for the bus costs for that month.

It is further agreed and understood that in the event of default, if this account is turned over to an agency or attorney for collections, the undersigned agrees to pay all reasonable attorney fees and costs of collection pursuant to KRS 411.195.

Responsible Party: _____

Date: _____

AUTOMATIC WITHDRAWAL AUTHORIZATION AGREEMENT

It is agreed to and understood as a condition of our child's/children's transportation to and/or from Saint Nicholas Academy, we will pay for bus service for the 2010/2011 school year based on amounts indicated. We are obligated to enroll in ACH (automatic withdrawal) for submission of payments as checked on the form below. The **only exception is payment made in full**. If ACH is returned, a charge of \$30.00 will be assessed. Second occurrence will result in a mandated meeting with the **Principal**. If the ACH debit is blocked or account closed your child(ren) will not be allowed to ride the bus to or from St. Nicholas Academy until the account is current. Responsible party will be liable for any unpaid balance. We also understand that if we choose to leave Saint Nicholas Academy for any reason, we will be responsible for the bus cost for the month that withdrawal occurs.

I, _____ hereby authorize Saint Nicholas Academy, to initiate electronic debit entries, and if necessary, credit entries to reverse erroneous debit entries to my account(s) listed below. It is agreed that these withdrawals will be made in accordance with the Rules of the National Automated Clearing House Association (NACHA).

- Bank Name: _____
- Checking Account Account # _____ Routing Number: _____
- Savings Account Account # _____ Routing Number: _____
- Credit Union Account # _____ Routing Number: _____
- Use same account? Yes _____ No _____

I choose to have my **BUS PAYMENT** deducted as follows.

	Number of Payments	1 Child	X	2 or More Children	X
Yearly	1	\$495.00		\$585.00	
Monthly (Beginning 8/15/10-4/15/11)	9	\$55.00		\$65.00	

NOTE if any of the above dates fall on a weekend or holiday, then the withdrawal will take place the first banking day following the above date.

This authority shall remain in full effect for the fiscal year beginning July 1, 2010 and ending June 30th 2011.

IMPORTANT

A VOIDED CHECK MUST BE ATTACHED FOR EACH CHECKING ACCOUNT.

A VOIDED DEPOSIT SLIP MUST BE ATTACHED FOR EACH SAVINGS ACCOUNT.

Name: _____ SS# _____

Address: _____ Date: _____

Name (Please Print): _____

Responsible Party Signature: _____



MISSION STATEMENT: Saint Nicholas Academy is a Catholic school created through the cooperation of the founding parishes in the South End of Louisville. The school was created to assure quality, affordable, Catholic education based on the values of Spiritual formation, Nourishment of character and Academic excellence (Saint Nicholas Academy).

SAINT NICHOLAS ACADEMY

Dear Parents of Bus Riders.

In order to guarantee your child and the children riding the bus the safe transportation they deserve, we are utilizing the following discipline code:

OUR PHILOSOPHY: We believe all students can behave appropriately and safely while riding on a school bus. We will **not** tolerate students stopping drivers from their job or preventing other students from having safe transportation.

OUR BUS RULES:

1. Follow directions of the driver.
2. Stay in your seats.
3. Keep all parts of your body in the bus.
4. No pushing, shoving, or fighting at any time for any reason.
5. No yelling on the bus or out of the windows of the bus.
6. No chewing gum or eating of any kind.

IF A STUDENT CHOOSES TO BREAK A RULE:

- 1st Incident: Driver verbally warns student.
- 2nd Incident: Driver reports student to the Principal and parent may be contacted.
- 3rd Incident: Student-Parent-Principal conference and probation.
- 4th Incident: Suspension from transportation privileges.

SEVERE DISTRUPTION: The following inappropriate behavior may result in automatic suspension of transportation privileges.

1. Physical harm to student.
2. Throwing objects on the bus or out of the window of the bus.
3. Obscene language on the bus or yelling out the window of the bus.
4. Property damage.
5. Refusal to obey driver
6. Any behavior that seriously threatens the safety of a student(s)

STUDENTS WHO BEHAVE will be rewarded by safe transportation and a pleasant ride to and from school. It is in your best child's interest that we work together in a relationship that provides safe transportation.

 I have read and understand the above information and rules regarding bus transportation. By signing this form, I subscribe to bus service for my child/children for the entire 2010-2011 school year. My child(ren) will ride (**PLEASE CIRCLE ONE**): **Bus 1 Bus 2 Bus 3**

Please Print: Family Name: _____

Student's Names: _____ **Grade:** _____

_____ **Grade:** _____

_____ **Grade:** _____

Location of stop: _____

Parent's Signature: _____

ARCHDIOCESE OF LOUISVILLE

Employee/Volunteer Criminal Background Check

Authorization

Consistent with Kentucky law and archdiocesan policy, all employees and volunteers who work children must undergo a criminal background check. Please complete and sign this authorization form which will be used to obtain a criminal background check.

Type or Print Clearly

Social Security Number: _____

Driver's License Number: _____ State of Issue: _____

Driver's License Expiration Date: _____

Date of Birth: _____ Place of Birth: _____

Full Name: _____
Last First Middle

Maiden or Alias Names: _____

Street Address: _____

City, State, Zip: _____

E-mail Address: _____

Have you ever been convicted, found guilty, entered a plea of no contest, or had adjudication withheld in a criminal offices other than a minor traffic violation?

Yes _____ No _____

I hereby give my permission for the Archdiocese of Louisville to obtain information relating to my criminal history record. I understand that as long as I remain an employee or volunteer, the criminal background check may be repeated at any time.

I hereby release the Archdiocese of Louisville and its employees from all causes of action, charges, liabilities and claims resulting from the investigation of my background in connection to my employment/volunteer assignment with the Archdiocese of Louisville.

Signature: _____ Date: _____



STUDENT HEALTH SCREENING PERMISSION FORM

2010 – 2011

PART 1.

FAMILY NAME: _____ PHONE: _____

CHILDREN'S NAME(S) _____ GRADE(S) _____

_____	_____
_____	_____
_____	_____
_____	_____

PART 2.

Please indicate your **SIGNATURE PERMISSION** for your child to participate in the appropriate health programs.

√

<input type="checkbox"/>	VISION: I <u>do</u> want my children to participate in Vision Screening. (K, 1, 3 & 5)	_____
		Parent/Guardian Signature
<input type="checkbox"/>	HEARING: I <u>do</u> want my children to participate in Hearing Screening. (K, 1, 2 & 3)	_____
		Parent/Guardian Signature
<input type="checkbox"/>	SCOLIOSIS: I <u>do</u> want my children to participate in Scoliosis Screening. (For students in Grades 5-8 only)	_____
		Parent/Guardian Signature

PART 3.

YES - I would like to VOLUNTEER to assist with the following health screenings:

(Please check as many as you are available to help with.)

√

<input type="checkbox"/>	VOLUNTEER TO HELP: Height /Weight /Vision screening on Thursday, September 2 nd
<input type="checkbox"/>	VOLUNTEER TO HELP: Hearing screening on Thursday, October 7th
<input type="checkbox"/>	VOLUNTEER TO HELP: Scoliosis screening on Thursday, November 4th

COMPLETE THIS PORTION IF YOU ARE HELPING WITH THE SCREENINGS ABOVE:

VOLUNTEER(S) Name (Please Print): _____	PHONE: _____
Alternate Phone: _____	What time is best time to call to coordinate VOLUNTEERING? _____