



ST. MARGARET SCHOOL

St. Margaret School will provide a firm educational foundation of religious values and academic knowledge for each student in a Catholic nurturing environment.

St. Margaret School Family Information Form 2019-2020

| Child's Name | Date of Birth | Grade Level | Student ID Number |
|--------------|---------------|-------------|-------------------|
| | | | |
| | | | |
| | | | |

| Parish Information |
|---|
| Catholic: <input type="checkbox"/> yes <input type="checkbox"/> no I am an active, registered member of _____ |
| <input type="checkbox"/> We attend a church of another faith: _____ |
| <input type="checkbox"/> We do not attend any church. |

We live in the school district of _____

| Primary Contact Information and Living Setting |
|--|
| <input type="checkbox"/> Birth Parents <input type="checkbox"/> Adoptive Parents <input type="checkbox"/> Father/stepmother <input type="checkbox"/> Mother/stepfather |
| <input type="checkbox"/> Father only <input type="checkbox"/> Mother only <input type="checkbox"/> Foster home-how many months? ____ |
| <input type="checkbox"/> Grandparents <input type="checkbox"/> other relative <input type="checkbox"/> other: _____ |

| Primary Household Information | Parent/Guardian #1 | Parent/Guardian #2 |
|--------------------------------------|--------------------|--------------------|
| Name | | |
| Home phone number | | |
| Physical Address | | |
| Primary Email Address | | |
| Phone number at place of employment | | |
| Email address at place of employment | | |
| Cell Phone | | |
| Signature and date primary HH1 | | |
| Signature and date primary HH2 | | |

Does the student have a second parent/second residence? yes no
 Mother only Father/stepmother Other
 Father only Mother/stepfather Joint custody

| Secondary Contact Information | Parent Guardian #1 | Parent/Guardian #2 |
|-------------------------------------|--------------------|--------------------|
| Name | | |
| Home phone number | | |
| Physical Address | | |
| Primary Email Address | | |
| Phone number at place of employment | | |



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| | | |
|--------------------------------------|--|--|
| Email address at place of employment | | |
| Cell Phone | | |
| Signature and date secondary HH1 | | |
| Signature and date secondary HH2 | | |

Emergency Contact Information

| Contact Name | Relationship | Phone Number | Phone Type | Release to: |
|--------------|--------------|--------------|------------|--|
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Primary Afternoon Dismissal

Option 1: Monday thru Friday dismissal will not change. Student will leave school by:
 Family vehicle/Carpool
 Otsego Public School Bus

Option 2: Dismissal will be varied as follows.

| Monday | Tuesday | Wednesday | Thursday | Friday |
|--------|---------|-----------|----------|--------|
| | | | | |

Other

MEDIA/PICTURE RELEASE CONSENT

Yes No

I give my consent for my student's picture or academic work to be used in school/community publications and website as deemed appropriate by the school.

ST. MARGARET PARENT/STUDENT HANDBOOK

Yes No

I agree to read and review my Parent Handbook with my student during the first week of school and to seek out clarification if needed.

PESTICIDE PRIOR NOTIFICATION REQUEST

As part of St. Margaret School's pest management program, pesticides are occasionally applied both inside and outside of the buildings. You have the right to be informed prior to any pesticide application to the school grounds and buildings. In certain emergencies, pesticides may be applied without prior notice, but you will be provided notice following any such application.

It is not necessary to notify me when pesticides are to be applied at St. Margaret School.

I wish to be notified prior to a scheduled pesticide treatment either inside or outside the facilities of SMS.

Date: _____

Signed: _____