



ST. MARGARET SCHOOL & PRESCHOOL

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 2020-2021

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		
Email address at place of employment		



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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: _____



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ST. MARGARET SCHOOL & PRESCHOOL 2020-2021 TUITION AGREEMENT

FAMILY CONTACT INFORMATION	
Parents' Names	

CALCULATE TUITION COST FOR YOUR FAMILY USING THE TUITION SCALE		
STUDENT NAME	GRADE	COST
1)		
2)		
3)		
4)		
3% tuition discount if paid in full by June 30, 2020		
Financial Aid		
TOTAL TUITION DUE		

PRESCHOOL TUITION	
3 yr old-two half days	\$1,120
3 yr old-two full days	\$2,016
4 yr old-three half days	\$1,383
4 yr old-three full days	\$2,598

KINDERGARTEN-8 TH GRADE TUITION		
	Parishioner	Out of Parish
1 student	\$3,575	\$4,575
2 students	\$5,839	\$7,539
3 students	\$7,252	\$9,452
4 students	\$8,514	\$11,024

TUITION AGREEMENTS ARE DUE IN THE SCHOOL OFFICE BY JUNE 30, 2020 along with the \$50 Registration Fee.

SELECT A PAYMENT OPTION – CIRCLE #1 or #2
1. Pay in full before June 30, 2020 to receive a 3% discount. There are no exceptions to or extensions for this discount.
2. Pay through FACTS, a payment plan with a \$43 registration fee. Payments must begin in August, and finish in May. If you sign up late, your payments will still finish in May.

PARENT SIGNATURE
I hereby certify that all the financial information given on this form is true and accurate to the best of my knowledge and I agree to pay the calculated tuition herein.



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SIGN HERE _____ DATE _____

PAYMENTS RECEIVED – OFFICE USE ONLY			
Date	Check Number	Amount	Approved By

FINANCIAL AID
Financial aid applications are available in the school office for students in grades Kindergarten-8 only. Preschool families are not eligible for financial aid. The application must be completed and returned by the first day of school.



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MEDICAL TREATMENT AUTHORIZATION 2020-2021

(PER STUDENT)

As a parent/guardian, I do hereby authorize the treatment by a qualified and licensed physician of any condition, which, in the opinion of the physician, is deemed necessary and appropriate. This authority is granted to **ST. MARGARET SCHOOL** only after a reasonable effort has been made to reach me.

Name of Minor: _____ Relationship to you: _____

Grade: _____ Teacher: _____

Reason for which release is intended: **EMERGENCIES**

Address of Minor: _____

Emergency Phone Numbers: Home _____ Work _____ Cell _____

Family Physician: _____ Phone: _____

Physician Address: _____ City: _____

List allergies, medications, contacts or other pertinent information:

Reported Allergies:

Medication:

Health Insurance Data:

Company: _____ Policy: _____

Group: _____ Contract: _____

I further authorize the person who presents the minor to sign the Acknowledgement of Receipt of Notice Privacy Rights that may be presented by the physician or health care facility.

This authorization is completed and signed of my own free will with the sole purpose of authorizing medical treatment deemed necessary and appropriate by the treating physician.

Date: _____ Signed: _____