

STUDENT RE-REGISTRATION

ACADEMIC YEAR BEGINNING

2017-2018

STUDENT INFORMATION: **ENROLLMENT FOR GRADE:** _____

Last Name First Name Middle Name

Street Address City State Zip Code

Mailing Address (if different from street address) City State Zip Code

()
Home Phone Number Date of Birth: MM/DD/YYYY Place of Birth (City, Country)

Religion Parish / Church City

Parishioner _____ Non-Parishioner _____ **10% Discount for Military in Active Duty: Yes: _____ No: _____**

Will the above named child require busing? (Please check one) Yes _____ No _____

FAMILY INFORMATION:

Student lives with: (Please Check One)

Both Parents _____ Mother _____ Father _____ Shared Custody _____ Other: _____
Relationship to Student

Father:

Last Name First Name Email Address

Occupation Place of Employment City State

Telephone (please check primary number): Home () Work () Cell ()

Mother:

Last Name First Name Maiden Name Email Address

Occupation Place of Employment City State

Telephone (please check primary number): Home () Work () Cell ()

Sibling Information:

Name Age Gender School

Name Age Gender School

Name Age Gender School

Name of Student's Legal Guardian (if applicable)

Last Name First Name

Name of Student's Stepparent (if applicable)

Last Name First Name

Student's Name / Grade

Connect-Ed Emergency Information:

The Connect-Ed Emergency Automated Phone and Email System information for our family: (Please check one)

is unchanged please change the following:

Home () Work () Cell ()

Email Address: _____

Please note: If there are *any* changes in Emergency Contact Information or Medical Information, please contact the school office at 413-592-5135.

Agreements

Individual Responsible for Payment of Tuition and Fees: Family Registration Fee

| | | | |
|--|------------|---------------|----------------|
| Full Name | | Relationship | |
| () | () | | |
| Home Phone | Cell Phone | Email Address | |
| Street Address (P.O. Box, if applicable) | | City | State Zip Code |

In registering my child(ren), I agree to meet the FINANCIAL COMMITMENTS and FAMILY SERVICE COMMITMENT HOURS required by St. Stanislaus School. Further, I (we) agree to abide by the guidelines established in the *Parent/Student Handbook* and recognize that failure to do so could result in dismissal.

____ I, the undersigned, DO CONSENT or grant full permission for St. Stanislaus School to use the names or likeness of my child(ren) for news releases, media and promotional activities. This request is valid for the current school year, 2017-2018

____ I DO NOT give consent or permission for St. Stanislaus School to use the names or likeness of my child(ren) for news releases, media and promotional activities or **posting to social media**. This request is valid for the current school year 2017-2018

| | |
|------------------------------------|------|
| Parent or Legal Guardian Signature | Date |
|------------------------------------|------|

| | |
|--|------|
| Individual Responsible for Tuition (if not Parent or Legal Guardian) | Date |
|--|------|

St. Stanislaus School Student/Family Agreement

In order to enhance the academic and extracurricular experiences of every child enrolled at St. Stanislaus School, we must work together as parents, students, and school personnel. We want your time as a student at St. Stanislaus School to be one with a clear understanding of our expectations of you and for all.

As a member of the St. Stanislaus School community, you agree to:

1. support and encourage the Catholic-Christian Gospel values that are central to the philosophy and mission of St. Stanislaus School;
2. support the rules and regulations detailed in the *Parent/Student Handbook*; Please go to school website to view the current handbook, then sign and return to school by September.
3. respect all school personnel and students;
4. understand the importance of being present at school on a daily basis and arriving on time;
5. As a student, I will perform academically to the best of my ability and complete all assignments on time.

With my signature, I agree to follow the terms listed above in the St. Stanislaus School Student/Family Agreement. I understand that this contract is real and will be enforced. St. Stanislaus School reserves the right to amend this Student/Family Agreement.

| | | |
|-------------------|---------------------------|------|
| Student Signature | Parent/Guardian Signature | Date |
|-------------------|---------------------------|------|