

# STUDENT EMERGENCY RECORD

## 2024-2025



Child (ren) attending  
St. Mary's School:

Non-refundable  
\$40.00 registration  
Fee per family (includes Pre-K)

Paid

Date

\_\_\_\_\_  
(Last) (First) (Grade) Birth date  
(2024-2025)

\_\_\_\_\_  
(Last) (First) (Grade) Birth date  
(2024-2025)

Kindergarten ONLY  
Full day

\_\_\_\_\_  
(Last) (First) (Grade) Birth date  
(2024-2025)

\_\_\_\_\_  
(Last) (First) (Grade) Birth date  
(2024-2025)

HOME PARENT 1 PARENT 2 CONTACT

Children primarily with:  Parents  Parent 1  Parent 2  Guardian (name) \_\_\_\_\_

Home Address: \_\_\_\_\_  
(street) (city) (state) (zip)

Home Phone: \_\_\_\_\_ Home Email: \_\_\_\_\_

Parent 1: \_\_\_\_\_ Parent 1 Cell number: \_\_\_\_\_

Parent 1 Address:  same as above \_\_\_\_\_  
(street) (city) (state) (zip)

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parent 1 Email: \_\_\_\_\_

Parent 2 Name: \_\_\_\_\_ Parent 2 Cell number: \_\_\_\_\_

Parent 2 Address:  same as above \_\_\_\_\_  
(street) (city) (state) (zip)

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parent 2 Email: \_\_\_\_\_

**In an emergency or for communication during the school day please mark the best/easiest way to make contact:**

1st Contact: Name and relationship to child \_\_\_\_\_ phone: \_\_\_\_\_

2nd Contact: Name and relationship to child: \_\_\_\_\_ phone: \_\_\_\_\_

3rd Contact: Name and relationship to child: \_\_\_\_\_ phone: \_\_\_\_\_

Parish member or Non - Parish member: \_\_\_\_\_ Allergies/Medical Conditions: \_\_\_\_\_

Other Misc. Information: \_\_\_\_\_

\*\*Public School District in which you currently live:  Greensburg  North Decatur  South Decatur  (other) \_\_\_\_\_

\*\*\*Usual" Route Home from School: Bus# \_\_\_\_\_ Car \_\_\_\_\_  
Other \_\_\_\_\_ Driver: \_\_\_\_\_ Walker \_\_\_\_\_ Bike Rider \_\_\_\_\_  
Playhouse/After-school care Teacher's classroom \_\_\_\_\_

RELEASE & LICENSE TO USE IMAGE AND NAME

2024-2025

*St. Mary's School*

GREENSBURG, IN

I, the undersigned grant St. Mary's School, 1331 E. Hunter Robbins Way, Greensburg, IN 47240 permission to use, adapt, modify, reproduce, distribute, publicly perform and display, in any form now known or later developed, my child's (children's) image and or visual likeness, and their name as specified in the Release, by incorporating it or them into publications, catalogues, brochures, books, newspapers, the World Wide Web or any other media.

I release and agree to indemnify, defend, and save harmless St. Mary's School, its agents, employees, licensees and assigns from any and all claims I, or any third party, may have now or in the future for invasion of privacy, right of publicity, copyright infringement, defamation or any other cause of action arising out of use, exploitation, reproduction, broadcast, performance or display of my child's (children's) personal information or image.

I waive the right to inspect or approve any works that may be created using the personal information or images and waive any claim with respect to the eventual use to which the personal information or images may be applied.

I understand and agree that St Mary's School is and shall be exclusive owner of all right, title and interest, including copyright in the Works, and commercial, informational, educational, advertising, or promotional material containing the personal information or image of my child (children).

I am of full legal age and have read this release. I am the parent or legal guardian of the child or children listed and have the right to give this release.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

*Child' Name*

*Grade*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*St. Mary's School, in partnership with the family and church,  
provides a Christ-centered education in the Catholic tradition  
by nurturing the development of each child, in order to reach his/her full potential*

One Call for School Cancellations  
2024-2025



This must be filled out each year

We usually tell parents to rely on WTRE, WISH TV, or WRTV, FOX 59 for updates on school closings. However, the Greensburg school system has an automated calling system in place whereby their families get a call should school be cancelled, delayed, or called off early. They can also have other announcements delivered to parents using this system. Greensburg Schools has offered to add us to the calling list and this seemed to work out very well. We typically follow Greensburg School Systems calendar and rely on them for bus transportation. Therefore, if Greensburg Schools are delayed or cancelled, we are as well. If you participate in this program you would automatically get a phone call in case of school-related announcements or closings.

If you would like to be on the calling list, please fill in the form at the bottom of this page. We hope to not have many weather related closings, but just in case, we want to be prepared.

I----- have read the information about the automated calling list program and:

\_\_\_\_\_ Yes, add me to the call list.

\_\_\_\_\_ No, do not add me to the call list.

\_\_\_\_\_ I have already been added to the call list through Greensburg School, for the year 2024-2025 and do not need to be added.

Please add the following number(s) to the call list:

\_\_\_\_\_  
Phone number(s)

I understand that I will need to use the current means of finding out about closings, etc. if I have chosen not to participate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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**Physical Education report of injury, illness and/or operation**  
**St. Mary's School~ Greensburg, In.**  
**2024-2025**

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Dear Parents/Guardian:

It is very important for your child's physical education teacher to be aware of any injury, illness or operation your child's has had that may affect his/her performance in class or when participating on the rock climbing wall as well as archery, such as (allergies, a broken arm that did not heal properly, asthma, etc.)

\_\_\_\_\_ My child's does not have any physical problems or illness that will prevent his/her participation in regular physical education classes as well as the rock climbing wall.

\_\_\_\_\_ My child's does have a problem that may hinder his/her participation, which is described below.

Type of injury, illness or operation, date and prognosis:

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---

Special Considerations: \_\_\_\_\_

---

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Parent's Signature  
Revised 2/24

\_\_\_\_\_  
Phone#

\_\_\_\_\_  
Date

# School Year- 2024 - 2025

## St. Mary's School

1331 E. Hunter Robbins Way

Greensburg, IN 47240

Phone: 812-663-2804 Fax: 812-663-6088

E-mail: stmarysgreensburg.com

Dear Parents/Guardian,

I hereby certify that this school is in compliance with the Indiana Pesticide Use of Schools Rule (357 IAC 1-16). Specifically, when and if the school uses any pesticides (weed killers, fungicides, rodenticides, etc.) in or around the school:

1. Only employees or contractors who are trained and licensed in the State of Indiana to apply pesticides (or who are supervised by trained and licensed personnel) are engaged to apply pesticides in or around the school.
2. The school or the contractor who applies pesticides keeps a record of all pesticide applications for at least two years.
3. Pesticides are not used when students are in the application area.
4. The school maintains a Pesticide Notification Registry of parents, guardians, and staff member requesting to be notified of pesticide applications.
5. The school notifies all parents, guardians, and staff members of the existence of the Pesticide Notification Registry at the beginning of each new school year through orientations, handbooks, and other means of communication.
6. Except for immediate health threat situations, the school provides at least 48 hours advance notice of a pesticide application to all of those who have registered.
7. Pesticides are kept clearly marked in a safe and locked storage area.
8. Pesticides with the lowest hazards to children are used whenever practical and effective.

Please mark your wishes below in relation to this policy.

Sincerely,

Mrs. Buening

- I understand that the school keeps a pesticide notification registry, **but do not feel the need to be notified when pesticides will be used.**
- I understand that the school keeps a pesticide notification registry and **would like to be notified at the following email when pesticides are in use.**

Email Address: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**ST. MARY'S SCHOOL**  
**ACCEPTABLE USE AGREEMENT**  
Access to Networked Information Resources  
2024 -2025

*St. Mary's School*

GREENSBUR&.IN

**ST. MARY'S SCHOOL TECHNOLOGY MISSION STATEMENT**

Teachers at St. Mary's School integrate technology throughout the curriculum. By using technology as a tool to create new opportunities for learning, teachers prepare students to model Christian values in a technological world.

**THE INTERNET**

The Internet - a collection of interconnected computer networks around the world - expands classroom resources by providing access to information, images and even computer software from places otherwise impossible to reach. These resources can yield individual and group projects, collaboration, curriculum materials and idea sharing. Internet access also makes possible contacts with people all over the world, bringing into the school and into the classroom, experts in every content area and students and adults from other nations and cultures.

**RESPONSIBILITIES**

Internet access will be available throughout the school. With this access come responsibilities. St. Mary's School will provide access to and will integrate a thoughtful use of such information throughout the curriculum and will provide guidance and instruction in the appropriate use of such material in a community setting. Parents and guardians are asked to share in the responsibility of the agreements their children make and the actions they take, as well as setting and conveying the standards their children should follow when using any media or information service. Students are responsible for good behavior on these electronic resources. Appropriate access is the shared responsibility of the school, the student and the family.

**USE OF THE INTERNET**

Students will follow a structured approach to gaining skills, as outlined in the Archdiocesan Technology Curriculum Guide, which allow them to become independent, responsible users of the Internet. This approach addresses Internet use from an age- and topic- appropriate standpoint.

- Grades K - 4 Internet exposure/use will be on a limited basis. Teachers will actively supervise students' use of the Internet. Students will access Internet resources, which the teacher has previously selected and explored. Teachers will make every effort to ensure that students are directed to sites with age- and topic-appropriate materials and resources.
- Grades 5 - 8 Teachers will supervise and model appropriate use of the Internet. Students will continue to have Internet access under direct teacher supervision; however, students may also experience guided practice, leading toward gaining skills to become an independent, responsible user of the Internet. Teachers will model skills needed to search for information within an area of study, to filter information for



credibility and worth, and to recognize areas of inappropriate information sources or access. Teachers will explore an Internet site before directing students to that site. Teachers will make every effort to ensure that students are directed to sites with age- and topic-appropriate material and resources.

### **ELECTRONIC MAIL (e-mail)**

Through Internet's electronic mail (e-mail) feature, students and staff can telecommunicate with individuals and groups around the world. While each classroom has an e-mail account, students will not be issued personal e-mail accounts within the school. Students will only be able to send or receive e-mail through a classroom account. Students who have e-mail accounts outside the school may not use school resources to access those accounts.

### **RIGHTS AND PRIVILEGES**

The use of Internet resources is a privilege, not a right. Inappropriate use will result in the loss of those privileges and/or disciplinary action by school officials. All activities by all persons while using the Internet in St. Mary's School must be in support of education and research, and be consistent with the educational objectives and moral teachings of the school. All persons accessing the Internet from a school site are responsible for all on-line activities that take place through that access. When using another organization's network or computing resources (such as the Public Library), all persons must comply with the rules appropriate for that organization.

### **ACCEPTABLE USES**

The following actions (which are not exhaustive) constitute acceptable use of the Internet, whether that use is initiated from school or any other site:

1. Research assigned classroom projects.
2. Access and exchange information.
3. Use the Internet solely for educational purposes.

### **UNACCEPTABLE USES**

The following actions (which are not exhaustive) constitute unacceptable use of the Internet, whether that use is initiated from the school or any other site:

1. Sending or displaying offensive messages, pictures, pornography, etc...
2. Using obscene language.
3. Harassing, insulting or attacking others.
4. Damaging computers, computer systems or networks.
5. Violating copyright laws.
6. Using another's password.
7. Trespassing in another's folder, work or files.
8. Wasting limited resources intentionally.
9. Employing the network for commercial purposes.
10. Using an account belonging to another person.
11. Altering the computer set-up or using evasive measures to get around school internet security programs.

**Student and Parent/Guardian Agreements:**

Please read and discuss the Acceptable Use Agreement on the previous pages with your student. In accepting this agreement, your student accepts responsibility for using the network in the prescribed and appropriate manner. It is important that you understand these responsibilities as well. Your signatures, indicating that you have read and agree to the guidelines, are necessary before the student will be allowed Internet access.

*I have read, or have had read to me, and/or have discussed the Acceptable Use Agreement and agree to use the computer network in an appropriate and responsible manner. I understand that inappropriate use of the network means I will lose my privilege to use computers at school and may face additional disciplinary consequences.*

**Student Signature:** \_\_\_\_\_ **Grade** \_\_\_

**Student Signature:** \_\_\_\_\_ **Grade** \_\_\_

**Student Signature:** \_\_\_\_\_ **Grade** \_\_\_

**Student Signature:** \_\_\_\_\_ **Grade** \_\_\_

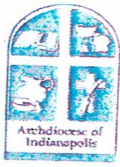
**Date:** \_\_\_\_\_

*I have read and/or discussed the Acceptable Use Agreement with my student and give St. Mary's School permission to allow access to the computer network as prescribed in the agreement. I understand that violation of acceptable use will result in loss of privilege to use computers, as well as other possible disciplinary consequences as prescribed in the school-wide discipline cycle.*

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Please return this signature page only.**



### School Social Work Informed Consent

Our school partners with Catholic Charities Indianapolis - School Social Work program to offer support to students as the need arises. As you know, our focus is to not only guide students academically, but also socially and emotionally. Individual and group social work services are offered to students. Students may wish to see the social worker/school counselor for a variety of reasons including, but not limited to, concerns about self-esteem, coping skills, stress managements skills, peer interactions, anger management, divorce/separation/loss, and social skills.

This form gives consent for our school social worker/school counselor, Ms. Ashley Steffee, to talk with your child during the school day if needed. Students may be referred to the school social worker/school counselor by parents, teachers, staff, the principal, or self. All content within sessions is kept confidential. Consent is not required in the following situations where ethical responsibility limits confidentiality:

- The student reveals information about hurting himself/herself or someone else.
- The student or someone else may be in physical danger or experiencing a medical emergency.
- A court order is received directing disclosure of information.

Child's name \_\_\_\_\_

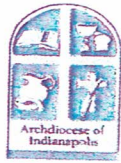
Child's name \_\_\_\_\_

Child's name \_\_\_\_\_

I, \_\_\_\_\_ give consent for my  
child/children to see the school social worker/school counselor.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/guardian email: \_\_\_\_\_



### Trabajo Social De Escuela Consentimiento Informado

Nuestra escuela se asocia con el programa de Trabajo Social Escolar de Caridades Católicas de Indianápolis para ofrecer apoyo a los estudiantes a medida que surja la necesidad. Como saben, nuestro enfoque es no solo guiar a los estudiantes académicamente, sino también social y emocionalmente. Se ofrecen servicios de trabajo social individual y grupal a los estudiantes. Los estudiantes pueden desear ver al trabajador social/consejero escolar por una variedad de razones que incluyen, entre otras, preocupaciones sobre la autoestima, habilidades de afrontamiento, habilidades de manejo del estrés, interacciones con compañeros, manejo de la ira, divorcio/separación/pérdida y problemas sociales. Habilidades.

Este formulario da consentimiento para que nuestra trabajadora social escolar/consejera escolar, Sra. Ashley Steffee, hable con su hijo durante el día escolar si es necesario. Los estudiantes pueden ser referidos al trabajador social de la escuela/consejero escolar por los padres, maestros, personal, el director o por uno mismo. Todo el contenido dentro de las sesiones se mantiene confidencial. No se requiere consentimiento en las siguientes situaciones donde la responsabilidad ética limita la confidencialidad:

- El estudiante revela información sobre lastimarse a sí mismo o a otra persona.
- El estudiante u otra persona puede estar en peligro físico o experimentar una emergencia médica.
- Se recibe una orden judicial que ordena la divulgación de información.

El nombre del niño \_\_\_\_\_

El nombre del niño \_\_\_\_\_

El nombre del niño \_\_\_\_\_

Yo, \_\_\_\_\_ doy mi consentimiento para que mi hijo/hijos vean al trabajador social/consejero escolar de la escuela.

Nombre de Padre o Tutor \_\_\_\_\_ Fecha de firma: \_\_\_\_\_

Padre / Tutor Correo electrónico: \_\_\_\_\_



# GREENSBURG COMMUNITY SCHOOLS

STUDENT NAME(S) \_\_\_\_\_ GRADE \_\_\_\_\_

\_\_\_\_\_ GRADE \_\_\_\_\_

\_\_\_\_\_ GRADE \_\_\_\_\_

\_\_\_\_\_ GRADE \_\_\_\_\_

PARENT/GUARDIAN NAME \_\_\_\_\_

PHONE NUMBERS \_\_\_\_\_

BUS STOP ADDRESS:

AM \_\_\_\_\_

PM \_\_\_\_\_

- **Transportation is determined by your home address, within Greensburg Community Schools district.**
- **Your child can be picked up at their childcare address if your childcare address is within distance guidelines for transportation service.**
- **It is very important that students only use authorized bus stops. Bus drivers are not authorized to assign or change bus stops.**
- **Drivers are instructed to deliver the students to the same bus stop where they boarded the bus.**

Greensburg Community Schools  
1812 W. Westridge Parkway  
Greensburg, IN 47240  
812-663-4774

THINK OPPORTUNITY



## RACE AND ETHNICITY STUDENT DATA

The U.S. Department of Education require all states to collect data on the race and ethnicity of all students to be included in their permanent records. The federal government has refined the method of reporting ethnicity and race that includes new categories. This form will provide a more accurate picture of the nation's ethnic and racial diversity. This information should be available for all students enrolled in all schools. If the form is not completed in its entirety, federal guidance requires the use of observer identification at the elementary and secondary school level.

Race and ethnicity data will be collected locally, using a two-part question for each student.

### Race and Ethnicity: (Note: both Part I and Part 2 of the questions must be completed)

#### Part I: Ethnicity

Are you Hispanic/Latino? (Choose only one)

- No, not Hispanic/Latino
- Yes, Hispanic/Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race

#### Part II: Race

What is your race? (Choose one or more)

- American Indian or Alaska Native:** A person having origins in any of the original peoples of North American and maintaining cultural identification through tribal affiliation or community recognition
- Asian:** A person having origins in any of the original people of the Far East., Southeast Asia, or the Indiana subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African American:** A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White:** A person having origins in any of the original people of Europe, the Middle East, or North Africa.

Parent or Guardian \_\_\_\_\_

Student Name \_\_\_\_\_

Date \_\_\_\_\_

Observer input (initials) \_\_\_\_\_



# Indiana Department of Education

Dr. Katie Jenner, Secretary of Education

## Home Language Survey (HLS)

The Civil Rights Act of 1964, Title VI, Language Minority Compliance Procedures, requires school districts and charter schools to determine the language(s) spoken in each student's home in order to identify their specific language needs. This information is essential in order for schools to provide meaningful instruction for all students as outlined Plyler v. Doe, 457 U.S. 202 (1982).

The purpose of this survey is to determine the primary or home language of the student. The HLS must be given to all students enrolled in the school district / charter school. The HLS is administered one time, upon initial enrollment in Indiana, and remains in the student's cumulative file.

Please note that the answers to the survey below are student-specific. If a language other than English is recorded for ANY of the survey questions below, the WIDA Screener will be administered to determine whether or not the student will qualify for additional English language development support.

**Please answer the following questions regarding the language spoken by the student:**

1. What is the native language of the student?  
\_\_\_\_\_
2. What language(s) is spoken most often by the student?  
\_\_\_\_\_
3. What language(s) is spoken by the student in the home?  
\_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

By signing here, you certify that responses to the three questions above are specific to your student. You understand that if a language other than English has been identified, your student will be tested to determine if they qualify for English language development services, to help them become fluent in English. If entered into the English language development program, your student will be entitled to services as an English learner and will be tested annually to determine their English language proficiency.

### For School Use Only:

School personnel who administered and explained the HLS and the placement of a student into an English language development program if a language other than English was indicated:

Name: \_\_\_\_\_ Date: \_\_\_\_\_

# STUDENT REGISTRATION FORM — ARCHDIOCESE OF INDIANAPOLIS

STUDENT'S LAST NAME \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_ SEX \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PARISH ATTENDED \_\_\_\_\_

FATHER'S LAST NAME \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME PHONE NUMBER \_\_\_\_\_ BUSINESS PHONE NUMBER \_\_\_\_\_

RELIGION \_\_\_\_\_

MOTHER'S LAST NAME \_\_\_\_\_ MAIDEN \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME PHONE NUMBER \_\_\_\_\_ BUSINESS PHONE NUMBER \_\_\_\_\_

RELIGION \_\_\_\_\_

STUDENT LIVES WITH:  FATHER and MOTHER

FATHER  MOTHER

GUARDIAN  OTHER \_\_\_\_\_

SPECIFY \_\_\_\_\_

IF GUARDIAN: LAST NAME \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME PHONE NUMBER \_\_\_\_\_ BUSINESS PHONE NUMBER \_\_\_\_\_

## STUDENT INFORMATION:

PLACE OF BIRTH \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

RELIGION OF STUDENT \_\_\_\_\_

BAPTISMAL DATE \_\_\_\_\_ CHURCH \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ VERIFIED \_\_\_\_\_

FIRST COMMUNION DATE \_\_\_\_\_ CHURCH \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

FIRST RECONCILIATION \_\_\_\_\_ CHURCH \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

SCHOOL/KINDERGARTEN LAST ATTENDED \_\_\_\_\_ GRADE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

LIST SIBLINGS AND AGES \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PARENT COMMENTS CONCERNING STUDENT'S HEALTH, LEARNING PROBLEMS OR NEEDS, SOCIAL ADJUSTMENT, ETC. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

STUDENTS BAPTIZED OUTSIDE OF THE PARISH MUST PRODUCE A BAPTISMAL CERTIFICATE FOR VERIFICATION BY ADMINISTRATOR.

PARENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Grand-A-Gram, a special newsletter for grandparents and other special friends, will be published three times per year. **We must update our mailing list annually** -we need your help! Please list the name and addresses of grandparents and other special people who you know that may be interested in receiving news of St. Mary's School and the students. We have much to share and want the world to know. If you have more names, please include them on the back. Grand-A-Gram's first issue will be mailed in October.

NAME \_\_\_\_\_ (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Prefix..ie Mr. & Mrs.)  
 ADDRESS \_\_\_\_\_

\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_  
 \_\_\_\_\_ Grandparent \_\_\_\_\_ Relative \_\_\_\_\_ Friend \_\_\_\_\_

STUDENT'S NAME(S) \_\_\_\_\_

NAME \_\_\_\_\_ (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Prefix..ie Mr. & Mrs.)  
 ADDRESS \_\_\_\_\_

\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_  
 \_\_\_\_\_ Grandparent \_\_\_\_\_ Relative \_\_\_\_\_ Friend \_\_\_\_\_

STUDENT'S NAME(S) \_\_\_\_\_

NAME \_\_\_\_\_ (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Prefix..ie Mr. & Mrs.)  
 ADDRESS \_\_\_\_\_

\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_  
 \_\_\_\_\_ Grandparent \_\_\_\_\_ Relative \_\_\_\_\_ Friend \_\_\_\_\_

STUDENT'S NAME(S) \_\_\_\_\_