



## Ministries to Families

K -8 Academics

Child Development Center

Pre-Kindergarten Program

Welcome to St. Francis Xavier School's K-8 Academics Program. We are pleased that you have chosen Catholic education to support your role as primary educator of your child.

To enroll, the following list of documents and fees are required. The student is not enrolled and cannot attend classes until all requirements have been met. Return your completed packet by mail or drop off at our parish or school office.

If you have further questions, please feel free to contact us at (231) 348-2360.

\*\*\*\*\* K-8 ACADEMICS PROGRAM ENROLLMENT REQUIREMENTS \*\*\*\*\*

\_\_\_\_ **Registration Form** Return one for each child's student file.

\_\_\_\_ **Online Continuous Enrollment** This form needs to be done for each child and this agreement is good for the student's career at St. Francis Xavier School. You can find this form on our website.

\_\_\_\_ **Financial Support** It is our desire that every child have the opportunity to receive Catholic education. If your family will need additional financial assistance to meet your tuition commitment see the FACTS website at: [online.factsmgt.com/aid](http://online.factsmgt.com/aid) or **contact the parish or school office with questions.**

\_\_\_\_ **Enrollment Fee** One per family. Non-Refundable. This \$150 fee will be applied to your FACTS online tuition account.

\_\_\_\_ **Birth Certificate** A copy of your child's birth certificate can be obtained from the county of his/her birth.

\_\_\_\_ **Baptismal Certificate** A copy of your child's certificate if not baptized at St. Francis. Baptismal date \_\_\_\_\_

\_\_\_\_ **Immunization Record** The child who has an immunization record that is not up-to-date according to guidelines established by the Michigan Department of Health may not enter the classroom. If you will need a medical waiver contact your physician. For all other waivers contact the Health Department of Northwest Michigan. Kindergarten entrance boosters are due any time after age 4.

\_\_\_\_ **Proof of Residency** A copy of the parent's driver's license, property tax or utility bill can be accepted.

\_\_\_\_ **Proof of Guardianship or Custody** Where legal responsibility for care of the child is established through the court, a copy of the document is required.

\_\_\_\_ **Health Appraisal**– For Kindergarten entrance only. We encourage you to make an appointment with your child's doctor today as it is unlikely that an August appointment will be available. Take the white appraisal form to the appointment as the back side of the appraisal requires completion and signing by the examining physician. Vision and hearing testing are necessary. The health history section on the front side of the form should be completed and signed by the parent. Attach a copy of the current immunization record. If your child has had the chicken pox disease, include the date your child had the disease on the health appraisal.

\_\_\_\_ **Request for Records Release**– For students entering a grade 1-8 only. Please include the complete mailing address, phone and FAX numbers including area code for the school from which your child is transferring.

\_\_\_\_ **Information Checklist**- Student Directory, Photo Permission, Field Trips, and Partnership with Petoskey Public Schools.

\_\_\_\_ **Computer Use Policy**- code of ethics for computer use at St. Francis School.

\_\_\_\_ **Emergency Contact Form**-Return one for each child's student file.

\_\_\_\_ **Handbook**-Please read, sign and return last page

\_\_\_\_ **Concussion Awareness Acknowledgement Page**



**\*Return with Registration**

## Information Checklist

In order to maintain the accuracy of our school records and to plan for the next school year, please complete this form and return.

### **Student Directory**

Print parent's first and last name: \_\_\_\_\_

If divorced, please list additional name(s), address and phone to be included in

Directory \_\_\_\_\_

**Please check the information you would like included in the student directory.**

\_\_\_\_\_ address  
\_\_\_\_\_ phone number  
\_\_\_\_\_ cell number

\_\_\_\_\_ please do not include our family in the SFX School Directory.

Email addresses will not be included in the Student Directory, however, we need to confirm email addresses each year for all families so we can provide important email updates throughout the year. Even if you have given us your emails in the past, please include it here for verification. Make sure to identify whether an Ao@ is a zero or a letter; if an Al@ is a number or a lower case letter, and print letters and numbers clearly. Thank you.

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

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

### **Photo Permission**

I understand that during the course of school and school sponsored events, students will occasionally be photographed and/or videotaped for various S.F.X. & Catholic Communities of L'Arbre Croche (CCLC parish media), the Diocese of Gaylord, advertising, website, newspaper articles, Auction advertisements, etc. I hereby authorize such activities to take place.

List all children's names who attend St. Francis Xavier School \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

## **Field Trips**

Teachers coordinate walking field trips within the city limits (McCune Arts Center, Petoskey Public Library, etc.) to support the classroom curriculum. Field trips that require motorized transportation (car, bus, train) will be arranged by the teacher under the guidelines of the Diocese of Gaylord. For trips requiring motorized transportation, a separate permission slip will be sent home before the event. A parent's signature is required for the student to participate.

## **Partnership with Petoskey Public Schools**

All St. Francis Xavier School Students are also students of Petoskey Public Schools. Petoskey Public Schools provide teachers and curriculum for K-5th music and computers in our building. Our middle school students also have the option to enroll in band classes held at Petoskey Middle School. St. Francis School supports the families of band students by providing busing to and from the Middle School daily according to the S.F.X. calendar. Our students are also able to participate in any Petoskey Middle School sports that SFX does not provide. Please contact the school office if you have any questions.

I understand that my child may be engaged as described above. I agree not to hold St. Francis Xavier School nor any of its employees or volunteers responsible for unfortunate occurrences in these areas other than those caused by gross negligence of the school, its employees, its volunteers or as otherwise provided by law. My signature below acknowledges my understanding and provides permission for my child to be engaged in all listed areas for the time he/she is enrolled at St. Francis Xavier School.

### **ACKNOWLEDGEMENT...**

- a. I have read, understand, and agree to the current tuition rate statement and the associated policies in this form.
- b. I understand that if I do not complete my 30 volunteer hours there will be a charge of \$25/hour or \$750 total.
- c. I understand that the family enrollment fee is non-refundable and will not be credited towards tuition, this is a yearly charge of \$150/family that will be billed to your FACTS account.
- d. I understand that if I do not complete and submit a Grant and Aid Assessment application, I am not entitled to any financial assistance and will be billed at the full tuition rate based upon the tuition schedule.
- e. To be considered a "Contributing Parishioner," a minimum annual offertory contribution of \$750 is required, along with parish registration and regular attendance. I understand that I am required to sell three raffle tickets per year, and that any unsold tickets will be charged to my FACTS account.

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



## Registration Form

St. Francis Xavier School  
414 Michigan St., Petoskey, MI 49770

Student I.D. # \_\_\_\_\_

Date of Registration \_\_\_\_\_

### Student Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_  
Name preferred \_\_\_\_\_ Gender: Male/Female \_\_\_\_\_ Grade \_\_\_\_\_  
SSN \_\_\_\_\_ Birth date \_\_\_\_\_ Birthplace(city) \_\_\_\_\_  
Home Phone (\_\_\_\_) \_\_\_\_\_ Unlisted? Yes/No \_\_\_\_\_  
Home Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
County of Residence \_\_\_\_\_

### Siblings

Name _____	Birthdate _____	S.F.X. student? Yes/No _____	Grade _____
Name _____	Birthdate _____	S.F.X. student? Yes/No _____	Grade _____
Name _____	Birthdate _____	S.F.X. student? Yes/No _____	Grade _____

Ethnic category: (Please circle one)

Caucasian   Hispanic   African American   Native American   Asian   Multi-Racial   Native  
Hawaiian   Pacific Islander

Do we have your permission to have your family name, address, phone number and child/children's names listed in the school directory? Yes/No

### Family Information

Father/Guardian

Dr./Mr. \_\_\_\_\_ Please circle one: Married   Single   Widowed   Divorced  
Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Employer \_\_\_\_\_ Position \_\_\_\_\_  
Work phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
E-mail \_\_\_\_\_  
Responsible for bill? Yes/No

Mother/Guardian

Dr./Mrs./Miss/Ms. \_\_\_\_\_ Please circle one: Married   Single   Widowed   Divorced  
Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Employer \_\_\_\_\_ Position \_\_\_\_\_  
Work phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
E-mail \_\_\_\_\_  
Responsible for bill? Yes/No

**Family Information** (continued)

\*\*Legal Guardian/Joint Custody (if divorced)

Name \_\_\_\_\_ HomePhone \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Employer \_\_\_\_\_ Position \_\_\_\_\_  
Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_  
E-mail \_\_\_\_\_  
Responsible for Bill? Yes/No Does student reside with you? Yes/No Relationship \_\_\_\_\_

**Parish Information**

Religion \_\_\_\_\_  
Parish or Church \_\_\_\_\_  
Dates: Baptism \_\_\_\_\_ First Eucharist \_\_\_\_\_ Confirmation \_\_\_\_\_

**Health Information**

Doctor \_\_\_\_\_ Phone \_\_\_\_\_  
Dentist \_\_\_\_\_ Phone \_\_\_\_\_  
List any medical conditions/allergies the school should be aware of: \_\_\_\_\_  
First DTP Immunization (required for enrollment) \_\_\_\_\_

**School History**

Last school attended \_\_\_\_\_ Date left \_\_\_\_\_  
Address \_\_\_\_\_ School Phone \_\_\_\_\_  
Principal \_\_\_\_\_ Has the student repeated a grade? Yes/No If yes, which grade? \_\_\_\_\_

Has your child ever received any special education services or speech language classes? Yes/No

If yes, what type of services? \_\_\_\_\_

Counselor/Teacher: \_\_\_\_\_ Phone \_\_\_\_\_

**Referral Program**

How did you hear of our school? \_\_\_\_\_

If one of our parents referred you, please state his/her name? \_\_\_\_\_

This family may be eligible to receive a \$200.00 tuition credit per student (up to \$600.00 maximum)  
for this referral. Please see the referral tuition credit information on your Tuition Payment Policy Form  
for more details.

**Other Required Forms**

I have also attached these additional forms:

\_\_\_ Emergency Contact Form \_\_\_ Computer Usage Form \_\_\_ Information Checklist  
\_\_\_ St. Francis Xavier School Handbook Acknowledgment Form (In the back of Handbook)

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



**ST. FRANCIS XAVIER SCHOOL**  
**STUDENT EMERGENCY CONTACT FORM**  
(one per student)

Child's Legal Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Father's Name: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Father's employer: \_\_\_\_\_ Work phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Mother's employer: \_\_\_\_\_ Work phone: \_\_\_\_\_

**Sibling Information:**

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

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

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

**Emergency Action Contact Plan:**  
**Name & phone numbers in order of contact**

1. Name \_\_\_\_\_ Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_

3. Name \_\_\_\_\_ Phone \_\_\_\_\_

4. Name \_\_\_\_\_ Phone \_\_\_\_\_

In case of a school closing due to inclement weather or unexpected building emergency,  
send this child:

\_\_\_\_ home by usual route    \_\_\_\_ SFX CDC    \_\_\_\_ Parent will pick up

**SPECIAL MEDICAL CONSIDERATIONS:**

Family Physician: \_\_\_\_\_ Phone \_\_\_\_\_  
(Include allergies, etc.)

**Parent Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_



## **St. Francis Xavier Catholic School Computer, Network, and Internet Student and Staff Acceptable Use Policy**

### Introduction and code of ethics:

St. Francis Xavier Catholic School strongly promotes the use of electronic technologies in the educational process. S.F.X. provides access to information resources in a variety of formats. Together these allow students and staff to access current and relevant resources, provide opportunity to communicate in a technologically rich environment, and become responsible, self-directed life long learners.

The use of technology within S.F.X. is a privilege extended to students, faculty, and community members to enhance learning and exchange information. When using S.F.X. technology, the user must realize that he/she represents the catholic community, and therefore must uphold Christian, ethical and legal requirements. All users must read, understand, sign, and abide by the Acceptable Use Policy. Access privileges may be revoked, school disciplinary action may be taken, and or appropriate legal action for violations that may constitute a criminal offense.

### Rights:

All S.F.X. students and staff have the right to make educational use of the following censored resources; Internet access, limited hard drive space on our servers, and access to S.F.X. approved software on the workstations, in a manner consistent with catholic school philosophy.

SFX Staff members and students have e-mail access through the school network. This e-mail is not guaranteed to be private and must conform to the rules established by the Diocese of Gaylord.

### Responsibilities:

It is important that users of electronic technologies within S.F.X. represent themselves with ethical, Christian responsibility. As such, the following points are a partial list of unacceptable behavior.

- > Users may not damage or mistreat equipment or facilities under any circumstances.
- > Users must not leave their workstation unattended for any reason and must properly logout at the end of their session
- > Users must make sure that all food and drink are kept away from computer equipment.
- > Users may not intentionally waste computer resources.
- > Users may not transmit any material in violation of any United States or State of Michigan Regulations.
- > Users may not employ the network for personal financial gain or commercial purposes.
- > Users may not violate regulations prescribed by the network administrator.
- > Users may not engage in practices that threaten the integrity of the network (e.g., knowingly download files containing viruses).
- > Users may not engage in personal business that is unrelated to the research being done or the performance of the job
- > Users may not write, use, send, download, or display obscene, threatening, harassing or otherwise offensive messages or pictures, including pornography, violence, or hate sites.
- > Users may not use the equipment for illegal activities, including the violation of copyright laws and software piracy.
- > Users may not load or copy any software or other programs to or from S.F.X. equipment unless permission is explicitly granted by an authorized party (e.g., The network administrator).
- > Users may not use anyone else's password, nor may they share their password with others.
- > Users may not trespass into anyone else's folders, documents, or files.
- > Users may not disclose anyone else's personal information (e.g., address, phone number, or confidential information), including and especially that belonging to students, community members and families, or fellow employees.
- > Users may not use the network, or the internet for unauthorized game playing, unauthorized "chat" or chain letters.
- > Users may not use the network for acts of vandalism against persons or resources including the uploading of viruses.
- > Users may not use another persons computer file, access accounts, and or files without proper authorization.

Privileges: The use of the Internet and related technologies is a privilege, not a right, and inappropriate use may result in cancellation of those privileges.

### Administration Professional Code of Ethics Copyright:

It is the policy of the Diocese of Gaylord and S.F.X. that all employees, volunteers, and students will abide by federal copyright laws. Employees, volunteers, and students may copy, print, or non-print material allowed by:

- 1) Copyright Laws
- 2) Fair use guidelines
- 3) Specific license or contractual agreements
- 4) Other types of permission

Policy Enforcement Guidelines:

Depending on the nature and severity of the policy violation, the technology director, or school administrator may take one or more of the following actions:

- 1) Verbal or written warning
- 2) Temporary access denial
- 3) Permanent access denial
- 4) Suspension
- 5) Expulsion
- 6) Legal action

Demonstrated intent to violate policy will be considered the same as actual policy violation. Demonstrated intent means evidence of actions, which if successful or carried out as intended, would result in a policy violation. Evidence of attempted or actual system security, integrity, or performance-related incidents will be cause for immediate access denial.

If warranted, the school administrator will refer the case to Local, State, or Federal authorities for further disposition.

Limitation of Liability:

The Diocese of Gaylord and S.F.X. make no guarantee that the functions or the services provided by or through the school system will be error-free or without defect. The school will not be responsible for any damage suffered, including but not limited to, loss of data or interruptions of service. The school will not be responsible for the accuracy or quality of the information obtained through or stored on the system. The school will not be responsible for financial obligations arising through the unauthorized use of the system. In addition, it is understood that despite reasonable effort at supervision, access control, and filtering, students may inadvertently or otherwise access inappropriate materials.

I accept the provisions of this policy and will abide by them.

Student/Staff (Print name)	Student/Staff (Signature)	Date	Grade Level
Student/Staff (Print name)	Student/Staff (Signature)	Date	Grade Level
Student/Staff (Print name)	Student/Staff (Signature)	Date	Grade Level
Student/Staff (Print name)	Student/Staff (Signature)	Date	Grade Level

I accept the provisions of this policy and permit my child to use the information resources of S.F.X.

Parent/Guardian (Print name)	Parent/Guardian (Signature)	Date
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**Please sign and return to the school by: First day of school.**



## Some common symptoms

- Headache
- Pressure in the head
- Nausea/vomiting
- Dizziness
- Balance problems
- Double vision
- Blurry vision
- Sensitivity to light
- Sensitivity to noise
- Sluggishness
- Hazy
- Foggy
- Groggy
- Poor concentration
- Memory problems
- Confusion
- "Feeling down"
- Not "feeling right"
- Feeling irritable
- Slow reaction time
- Sleep problems
- Appears dazed and stunned
- Disoriented or confused
- Forgets an instruction

**UNDERSTANDING** Information for parents and students (Content meets MDCH requirements)

# CONCUSSION

## What is a concussion?

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head or body that causes the head and brain to move quickly back and forth. It can also be caused by the shaking or spinning of the head or body. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious.

You can't see a concussion. Signs and symptoms of concussions can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If the student reports any symptoms of a concussion, or if you notice symptoms yourself, seek medical attention right away.

## If you suspect a concussion

### 1. SEEK MEDICAL ATTENTION RIGHT AWAY

A health care professional will be able to decide how serious the concussion is and when it is safe for the student to return to regular activities, including sports.

### 2. KEEP YOUR STUDENT OUT OF PLAY

Concussions take time to heal. Don't let the student return to play the day of the injury and until a health care professional says it's OK. Students who return to play too soon-while the brain is still healing-risk a greater chance of having a second concussion. Repeat or second concussions can be very serious. They can cause permanent brain damage, affecting the student for a lifetime.

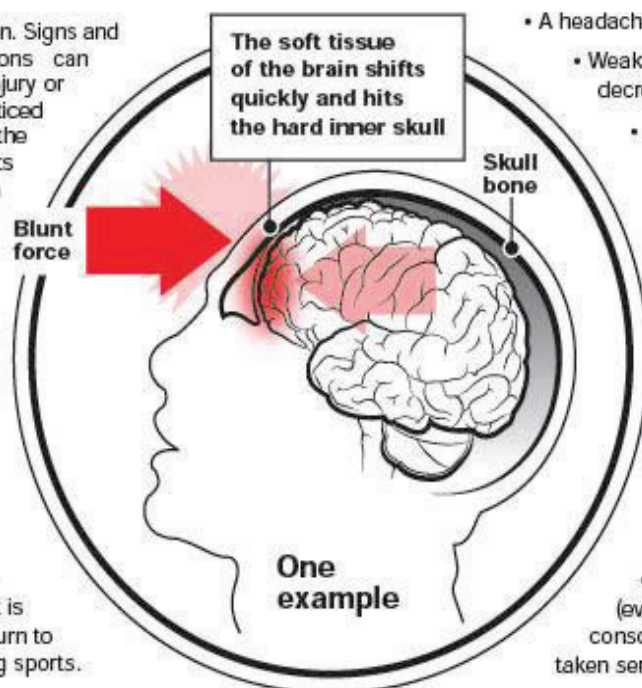
### 3. TELL THE SCHOOL ABOUT ANY PREVIOUS CONCUSSION

Schools should know if a student had a previous concussion. A student's school may not know about a concussion received in another sport or activity unless you notify them.

## Concussion danger signs

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. A student should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously)



## How to respond to a report of a concussion

If a student reports one or more symptoms of a concussion after a bump, blow, or jolt to the head or body, s/he should be kept out of athletic play the day of the injury. The student should only return to play with permission from a health care professional experienced in evaluating for concussion.

During recovery, exercising or activities that involve a lot of concentration (such as studying, working on the computer, or playing video games) may cause concussion symptoms to reappear or get worse.

Sources: Michigan Department of Community Health and the National Operating Committee on Standards for Athletic Equipment (NOCSAE)

# !!! WHEN IN DOUBT...SIT OUT !!!

# **CONCUSSION AWARENESS**

## **EDUCATIONAL MATERIAL ACKNOWLEDGEMENT**

By my name and signature below, I acknowledge in accordance with Public Acts 342 and 343 of 2012 that I have received and reviewed the Concussion Fact Sheet for Parents and Students provided by

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School/Parish

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Student Name Printed

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Parent or Guardian Name Printed

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Student Name Signature

---

Parent or Guardian Signature

---

Date

---

Date

Return this signed form to the School/Parish. The School/Parish must keep this on file for the duration of enrollment/participation and until age 25.

Students and parents should review and keep the educational materials available for future reference.

