the St. Anthony School

STUDENT APPLICATION

Thank you for applying to The St. Anthony School. Please complete the following application.

Name_____ Date of Birth____/____/____Grade_____

Parents/Guardian(s)_____

Guardian(s) Relationship_____

Mother:

Home Phone (_____)_____ Work Phone(_____)_____ Cell(_____)_____

Father:

Home Phone (_____)_____ Work Phone(_____)_____ Cell(_____)_____

Address_____

_____

In Case of Emergency

Name_____Relationship_____

Home Phone (_____)_____ Work Phone(_____)_____ Cell(_____)_____

FAMILY

Mother_____Occupation_____

Father_____Occupation_____

Marital Status_____Student lives with_____

Siblings and their ages_____

Describe your child's relationship with:

Mother_____

Father_____

Siblings_____

Significant other family member_____

Describe the primary method of discipline in your family:

_____

Who is the primary disciplinarian in your family?_____

How is anger/aggression displayed?

_____

_____

What is your child's response to authority figures?

_____

Are there family issues that you feel impact your child's academic, social, or emotional capabilities?

_____

Has your child ever been away from his/her family for more than a few days? Please give details:

_____

_____

Have there been problems in school? Please describe:

_____

Have there been any deaths in the family since the child was born? _____

Dates and relationship to child: _____

Please describe your child's general mood, degree of activity, and general health:

_____

_____

Please describe your child's relationship with peers (amount of play w/others, group activities such as scouts, church groups, etc.):

_____

_____

Does your child have a "best friend"?

_____

Please describe your child's relationship with teachers:

_____

_____

Where did your child attend:

1. Kindergarten:_____
2. Elementary School:_____
3. Current School:_____

Is your child currently receiving Special Education services?_____**If so, what services?**

_____

Please describe your child's current experience in school:

_____

_____

_____

GOALS

It is extremely important that the goals of the school and the parents match so that we work as a team for the overall progress of the student. Please consider carefully the following questions:

Why are you considering a school change at this time?

_____

_____

What is the greatest concern you have about your child at this time?

_____

_____

What do you see as your child's greatest strength's?

_____

_____

_____

What do you see as your child's greatest weaknesses?

_____

_____

_____

What are your goals for your child if he/she enrolls?

_____

_____

_____

_____

_____

_____

_____

the St. Anthony School

STUDENT ENROLLMENT **SCHOOL YEAR** _____

Date _____ Grade _____

Student Name _____

Date of Birth _____ Telephone # _____

Address _____

City_____ State_____ Zip _____

Parent/Guardian _____

Father _____ Home Phone # _____

Address _____

City_____ State_____ Zip _____

Employer _____ Work Phone # _____

E-mail _____ Cell Phone # _____

Mother _____ Home Phone # _____

Address _____

City_____ State_____ Zip _____

Employer _____ Work Phone # _____

E-mail _____ Cell Phone # _____

Medications _____

Allergies, illnesses, injuries, hospitalizations within last 12 months _____

_____

Physician/Pediatrician _____ Telephone #_____

Physician Address _____

IN CASE OF EMERGENCY OR ILLNESS, IF PARENT/GUARDIAN CANNOT BE REACHED, NOTIFY:

1. Name _____ Telephone: (home) _____ (work) _____

   Address_____ Relationship: _____

2. Name _____ Telephone: (home) _____ (work) _____

   Address_____ Relationship: _____

My child may be released from school by the following adults only:

Name: _____ TX Drivers License # _____

Name: _____ TX Drivers License # _____

Name: _____ TX Drivers License # _____

Signature of Parent or Guardian _____

the St. Anthony School

REQUEST FOR SCHOOL RECORDS

TO: _____

_____

_____

Fax #: _____

STUDENT'S NAME_____ **DATE OF BIRTH**_____

The above named student has enrolled in The St. Anthony School for the _____ school year. Please send this student's educational records, including:

____cumulative records

____transcripts

____standardized testing

____psychological testing

____health information (immunizations)

____IEP

____date of withdrawal

Please send the above information to The St. Anthony School. I waive my rights to review these records before they are forwarded to this school. Please send the above information to:

The St. Anthony School
2030 Denton Drive
Carrollton, Texas 75006

Parent/Guardian_____ Administrator_____

the St. Anthony School

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

If I cannot be reached to make arrangements for emergency medical care for my child at the time of illness or accident, I give my permission for **The St. Anthony School** staff to take my child to the nearest medical facility for treatment.

Name of Child: _____ Date of Birth: _____

Name of Physician: _____Physician Telephone: _____

Address of Physician: _____

I give my consent for necessary emergency treatment when my child is in the care of a physician, hospital or clinic.

Signature of Parent or Guardian: _____Date: _____

Telephone: Home: ( )--_____

Work: ( )--_____

Cell: ( )--_____

the St. Anthony School

FIELD TRIP AUTHORIZATION

I give permission for my child, _____, to go on any and all trips, and participate in any and all activities, along with other students of The St. Anthony School. In consideration of such child being permitted to make such trips, I hereby release The St. Anthony School, its staff and its sponsors, together with any volunteer carrier of such child without compensation, from any and all liability and responsibility in connection with such trips and activities, and hereby release all of said parties from all liability by reason of any accident or injury suffered by said child while on said trips or engaged in such activities.

_____ _____

Signature of Parent/Guardian Date

PHYSICIANS/THERAPISTS/CONSULTANTS

Student: _____ **Date of Birth:** _____ **Grade:** _____

My child is currently a patient or has recently been a patient of the following

Physician/Therapist/Consultant.

Please know that we at St. Anthony's utilize the team approach to student care. A waiver must be signed before contacting professionals.

NEUROLOGIST: _____ Telephone: _____

PSYCHIATRIST: _____ Telephone: _____

PSYCHOLOGIST: _____ Telephone: _____

(Individual Therapy _____; Family Therapy _____; Social Skills Group _____)

OCCUPATIONAL THERAPIST: _____ Telephone: _____

SPEECH THERAPIST: _____ Telephone: _____

EDUCATIONAL CONSULTANT: _____ Telephone: _____

_____ _____

Signature of Parent/Guardian Date

the St. Anthony School

NOTICE FOR RELEASE/CONSENT TO REQUEST CONFIDENTIAL INFORMATION

_ _ Request ___ Release

Student's Name: _____ DOB: _____
Campus: _____Grade: _____ Age: _____

We are asking that you authorize the person or agency named below to release/ to request specified records containing confidential information regarding the above named student.

TO:

_____
Name & Position of Staff Person

_____
Name of School District or Agency

_____
Address

_____
City/State/Zip

FROM:

_____
Name & Position of Staff Person Making Request

_____
Name of School District or Agency

_____
Address

_____
City/State/Zip

Records To Be Released/Requested

Purpose of Disclosure
___ Education Placement ___Other: _____
___ Comprehensive Individual Assessment Report ___ ARD/IEP ___ Medical Reports
___
Other_____

NOTICE FOR RELEASE/CONSENT TO REQUEST CONFIDENTIAL INFORMATION

Check **Yes** only if you agree that the statements are correct. If the statements are not correct, check **No**. If you wish to have more information or if you have any questions, please call **(214) 443-1227** and ask for_____.
___ Yes ___ No I have been fully informed and do understand the school's request for my consent for release of my child's records, as described above. This information will be released upon receipt of my written consent.
___ Yes ___ No I understand that my consent is voluntary and may be revoked in writing at any time before records are sent.

_____ _____
Signature of Parent, Guardian, Surrogate Parent, or Adult Student Date

_____ _____
Signature of Interpreter, if used Date

the St. Anthony School

PARENT REQUEST FOR ADMINISTRATION OF MEDICATION

Prescribed medication will be administered by St. Anthony staff. Medication must be brought to school in the original container appropriately labeled by the pharmacy. Parents may request that the pharmacy dispense two bottles of medication, one for home and one for school.

This information is current until new information is received.

Student _____Birth Date_____

Condition for which treatment is required:

_____

_____

Name of Medication _____Dosage _____

Administration instructions (include time of administration):

_____

Precautions, unfavorable reactions:

_____

Date of request _____Date of termination _____

Physician _____ Telephone _____

_____ _____

Signature of Parent/Guardian Date

the St. Anthony School

NOTICE FOR RELEASE/CONSENT TO REQUEST CONFIDENTIAL INFORMATION

_ _ Request ___ Release

Student's Name: _____ DOB: _____
Campus: _____Grade: _____ Age: _____

We are asking that you authorize the person or agency named below to release/ to request specified records containing confidential information regarding the above named student.

TO:

_____
Name & Position of Staff Person

_____
Name of School District or Agency

_____
Address

_____
City/State/Zip

FROM:

_____
Name & Position of Staff Person Making Request

_____
Name of School District or Agency

_____
Address

_____
City/State/Zip

Records To Be Released/Requested

Purpose of Disclosure
___ Education Placement ___Other: _____
___ Comprehensive Individual Assessment Report ___ ARD/IEP ___ Medical Reports
___
Other_____

NOTICE FOR RELEASE/CONSENT TO REQUEST CONFIDENTIAL INFORMATION

Check **Yes** only if you agree that the statements are correct. If the statements are not correct, check **No**. If you wish to have more information or if you have any questions, please call **(214) 443-1227** and ask for_____.
___ Yes ___ No I have been fully informed and do understand the school's request for my consent for release of my child's records, as described above. This information will be released upon receipt of my written consent.
___ Yes ___ No I understand that my consent is voluntary and may be revoked in writing at any time before records are sent.

_____ _____
Signature of Parent, Guardian, Surrogate Parent, or Adult Student Date

_____ _____
Signature of Interpreter, if used Date

PHYSICAL EXAMINATION

Student _____

Date of Birth _____

Date of Examination _____

I have examined _____ and found him/her to be free of communicable disease.

This child ___ **is** ___ **is not** physically and/or emotionally able to participate in a regular school activity program. This child's educational and/or physical activity program requires the following limitations/modifications:_____

_____

_____

_____

Results of physical examination:

Physician Signature _____

the St. Anthony School

BEFORE/AFTER-SCHOOL PROCEDURE

Date: _____

Student's name: _____

Parent's name: _____

Please check the box that pertains to your child:

☐ I will personally pick up my child each day in the carpool line.

☐ My child will carpool with:

_____

_____

_____

☐ My child will drive to and from school each day.

☐ My child will attend the ST. ANTHONY BEFORE/AFTER-SCHOOL PROGRAM.

Please specify: (See Parent Handbook for fees.)

☐ WILL ATTEND BEFORE-CARE DAILY

☐ WILL ATTEND AFTER-CARE DAILY

☐ THE FOLLOWING DAYS ONLY: Mon __ Tues __ Wed__ Thurs__ Friday__

☐ Child Care Center pick up:

Name of Center_____

PLEASE NOTIFY THE ABOVE CENTER OF ANY CHANGES IN YOUR CHILD'S SCHEDULE (such as HOLIDAYS, ILLNESS, ETC.)

Additional information: _____

_____

_____

PLEASE NOTE: All students must have this form on file in the school office.

If there are changes throughout the year, please notify the school office IN WRITING.

the St. Anthony School

OFF CAMPUS RELEASE FORM

As parent or guardian, I give permission for my child, _____,
to participate in the following activity:

Description of Activity:	Weekly Trip to Library
Cost of Activity:	None
Place of Activity:	Carrollton Public Library
Date of Activity:	School Year
Method of Transportation:	School Van / Staff Vehicle / Parent Vehicle

For and in consideration of my child's participation in the above activity, I hereby agree to hold harmless The St. Anthony School and its teachers, officers, agents, staff members, and any chaperone from all claims arising out of my child's participation in the above described activity, including transportation to and/or from such activity.

_____
Signature of Parent/Guardian

_____
Date

the St. Anthony School

CARPOOL PERMISSION/RELEASE

Student _____ Date of Birth _____

Parent/Guardian _____

Home telephone: _____ _____

Work telephone: _____ _____

Cell #1 _____Cell #2 _____

My child will be participating in a carpool for arrival and dismissal from school. I, as parent or guardian, give permission for my child, _____, to be released to the following adults:

_____ TX DL # _____

_____ TX DL # _____

_____ TX DL # _____

_____ TX DL # _____

For and in consideration of my child's participation in the above activity, I hereby agree to hold harmless The St. Anthony School and its teachers, officers, agents, staff members, and any chaperon from all claims arising out of my child's participation in the above described activity, including transportation to and/or from such activity, and including the negligence of any of the above-mentioned persons.

_____ _____

Signature of Parent/Guardian Date

SCHOOL DIRECTORY AUTHORIZATION

If you would like to be included in the School Directory, please sign below:

We grant permission for the use of our name, address, phone numbers and e-mail address to be printed in The St. Anthony School Directory.

Date: _____

Print Student's Name: _____

Print Parent's Names: _____

Parent's Signature: _____

PHOTO USE AUTHORIZATION

Dear Parents:

We would like to use photos of our students on our school website and in promotional material for The St. Anthony School. Please sign below and return this form if you authorize us to use photos of your child for promotional purposes.

Thank you.

Student's Name: _____ Date: _____

Parent or Guardian Signature: _____

Uniforms

Boys

Navy polo shirts
Forest green polo shirts
Navy pullover sweaters
Forest green pullover sweaters
Navy cardigan sweaters
Forest green cardigan sweaters
Navy sweatshirts
Forest green sweatshirts
Khaki slacks
Khaki shorts

Girls

Navy polo shirts
Forest green polo shirts
Navy pullover sweaters
Forest green pullover sweaters
Navy cardigan sweaters
Forest green cardigan sweaters
Navy sweatshirts
Forest green sweatshirts
Khaki slacks
Khaki shorts
Khaki skirts
Khaki capris

There are no strict guidelines for shoes; however, white athletic shoes are recommended.