



Welcome to St.
Patrick School!

We hope to see you soon!



Sally A. Bowers, Principal

325 Mansion Street Mauston, Wisconsin 53948 Telephone 608-847-5844 www.stpatrickismauston.com

April 8, 2021

Dear Families,

St. Patrick's School is so excited to welcome your 4 year old pre-kindergarten student that we can hardly wait to welcome them on the first day in September.

As always there are some rules and informational pieces we have to give you to ensure we are ready to go when your child arrives.

Enrollment requirements & information:

1. Children 4 years of age by September 1, 2021 are eligible to enroll in Pre-K
2. You can choose ½ days or full: 8 a.m. - 12 p.m. or 8 a.m. - 3 p.m.
 - a. Some students do better starting with ½ day and almost always quickly transition to full day.
3. Classes are held Monday through Thursday.
4. 4K follows St. Patrick's school calendar.

Forms to fill out & items to submit. You can go to the web page at www.stpatrickismauston.com and click on the Enrollment button. Here you will be able to fill out the initial enrollment information and pay the \$100 enrollment fee both online. Then, go school forms to locate, print and fill out all of the other forms for registration. Original, signed copies of these will be submitted to the school office April, 23, 2021. Call us or stop at school if you need assistance.

1. Registration form
2. Immunization record
3. Health history form
4. Non Refundable fee of \$100 submitted with registration
5. Notarized copy of your child's birth certificate - we will make a copy
6. Notarized copy of your child's baptism certificate - we will make a copy

Now for the more fun items. Students will learn in hands-on, playful, age appropriate ways with Mrs. Stoughtenger. She will work with your child to develop faith, growth mindset, confidence in who they are as individuals and a love for learning.



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Here is an overview of the Pre-K curriculum:

Language - discussions, word games, flannel board stories, books

Math - foundational mathematical concepts

Religion - Bible stories, about Jesus' love for us and daily prayer

Reading - letter shapes and sounds, SuperKids curriculum

Social Activities - listening skills, group cooperation, hand/eye coordination

Art & Music - Imagine, creativity using different materials, singing, listening for sounds

All of the activities are planned to align with Pre-K standards for learning. We teach at high levels to ensure our Pre-K students enter Kindergarten ready to go.

Reach out to us if you have any questions or would like a tour of our Pre-K classroom.

Thank you for choosing St. Patrick's for your child.

Sincerely,

Sally A. Bowers

Principal

St. Patrick's School

608-747-2687

sallybowers@stpatricksmauston.com



SAINT PATRICK CATHOLIC SCHOOL

325 Mansion Street Mauston, Wisconsin 53948 Telephone 608-847-5844 Fax 608-847-4103

FAMILY REGISTRATION FORM 2021/2022

FAMILY INFORMATION _____ **Current Family** _____ **New Family** (please check)

Father/Guardian #1:

Mother/Guardian #2:

Mr./Dr. _____
Last First

Mrs./Ms./Dr. _____
Last First Maiden Name

Address: _____

Address: _____

Home Phone: (____) _____ - _____

Home Phone: (____) _____ - _____

Occupation: _____

Occupation: _____

Employer: _____

Employer: _____

Work Address: _____

Work Address: _____

Work Phone: (____) _____ - _____

Work Phone: (____) _____ - _____

Cell Phone/Pager Number: (____) _____ - _____

Cell Phone/Pager Number: (____) _____ - _____

E-mail Address: _____

E-mail Address: _____

Religion: _____

Religion: _____

Registered Parish/Church: _____

Registered Parish/Church: _____

Each family must submit a \$100.00 per family non-refundable tuition deposit in order to complete the registration process.

FINANCIAL AID: Families must submit the registration form and fee before an application for financial aid can be considered.

Families should return all registration forms and fees together to: **Saint Patrick School
325 Mansion Street
Mauston, WI 53948**

We, the undersigned, certify that the information provided in this enrollment application is accurate and complete. Saint Patrick School retains the right to cancel enrollment at any time if this application contains false or misleading information. Upon admission to Saint Patrick School, we agree to comply with all the rules and regulations as set forth by Saint Patrick School. In addition, we agree to cooperate and assist the administration, faculty and staff in promoting the integrity and high spiritual, moral, and academic standards set forth by Saint Patrick School. We acknowledge that Saint Patrick School reserves the right to cancel enrollment at any time for reasons of academic, moral, or character deficiency as well as any actions detrimental to the Diocese of La Crosse, or the faculty, administration, staff, facilities and name of Saint Patrick School.

We have received a copy of and agree to abide by the St. Patrick Tuition Policy. Upon admission, the guardian(s) signing below accept financial responsibility for all tuition, fees, and charges on behalf of the named students. It is our obligation to make timely payments and we understand that late charges may be assessed to accounts in arrears. We further understand that if our account becomes severely delinquent, the school may withhold report cards, transcripts, and/or school records, our children may face suspension from attendance at school and/or may not be permitted to register for subsequent years. The school shall have the right to legal action for non-payment of tuition and fees.

The Signatures of both parents are required. In the case of divorce or separation, the parent(s) signing below accepts full financial responsibility.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Printed Name

Printed Name

Please complete BOTH SIDES of this form.

STUDENT INFORMATION

In any situation where there is a custody agreement, the parents MUST provide St. Pat's with the portion of that agreement that stipulates custody and any other information pertinent to the school. This requirement is a condition of enrollment. In the case of divorce or separation, please indicate the custodial parent for each child.

STUDENT # 1

Student Name: _____
Last First Middle

2021/2022 Grade Entering: _____ Student's Date of Birth: ____/____/____ Gender: _____

STUDENT # 2

Student Name: _____
Last First Middle

2021/2022 Grade Entering: _____ Student's Date of Birth: ____/____/____ Gender: _____

STUDENT # 3

Student Name: _____
Last First Middle

2021/2022 Grade Entering: _____ Student's Date of Birth: ____/____/____ Gender: _____

STUDENT # 4

Student Name: _____
Last First Middle

2021/2022 Grade Entering: _____ Student's Date of Birth: ____/____/____ Gender: _____

STUDENT # 5

Student Name: _____
Last First Middle

2021/2022 Grade Entering: _____ Student's Date of Birth: ____/____/____ Gender: _____

**Please provide birth certificate, baptismal certificate and immunization record.
Please attach additional forms if applying for multiple children.**



SAINT PATRICK CATHOLIC SCHOOL

325 Mansion Street Mauston, Wisconsin 53948 Telephone 608-847-5844 Fax 608-847-4103

TUITION AGREEMENT 2021 – 2022

Paying for a Catholic education is a shared investment in your child's future. Tuition pays for only a fraction of the true cost of educating a child. Every student attending St. Patrick School receives financial assistance for the remaining portion of actual costs through the generous contributions of parishioners, fundraising done by our school and parish families, and contributions from individual benefactors.

We recognize that even these significantly reduced tuition levels may be a strain on some family's finances. Therefore, St. Patrick School awards scholarships and grants to help qualifying families with financing their child's education, including the Thomas Reardon Tuition Scholarships, Dan Kelley Tuition Scholarships, McCarty Scholarships, St. Benedict Fund, Bishop John Paul Endowment Scholarships, and more. It is our belief that no student should be subject to denial of a Catholic education because of inability to pay tuition if the child's family demonstrates complete devotion to raising their children according to the practices of the Catholic faith.

TUITION RATES 2021 – 2022

		Parish Member Reduced Tuition Rates	Non-Parish Member Tuition Rates	Family Tuition
Pre-K – Full or Half day		\$1,687	\$1,986	
Kindergarten		\$1,852	\$2,180	
Grades 1 – 8	First Child	\$2,460	\$2,891	
	Second Child	\$2,121	\$2,647	
	Third Child	\$2,009	\$2,450	
	Fourth Child	\$1,461	\$1,670	

Family Total Tuition Cost _____

Tuition Deposit: \$100 tuition deposit per family is required at the time of registration. This deposit is non-refundable.

RETURNING FAMILIES: An early re-enrollment discount will apply before April 16, 2021. Families who complete the registration process by this date will have the tuition deposit fee credited toward their tuition bill in the fall. For re-enrollments received after April 16, 2021, the deposit will not reflect as a credit toward tuition.

NEW FAMILIES: Receive credit of the tuition deposit toward fall tuition, regardless of the date of registration.

FINANCIAL AID: Families must submit the registration form and fee before consideration of an application for financial aid.

FAMILY NAME _____

Please complete ALL PAGES of this Agreement

TUITION AGREEMENT 2021 – 2022

REGISTRATION FOR ADDITIONAL PROGRAMS

Program	Who is involved	Expectations	Select, where applicable	Notes
Scrip	Each family	Purchase \$1500 in Scrip (approximately \$75.00 in profit)	Purchase between (05/01/21 – 04/30/22)	Available for purchase in school office & at weekend masses.
Home & School Dues	Each family	\$25 dues annually	\$25	Included on tuition statement
Please select optional areas of participation, where applicable.				
Band Transportation (Optional)	6 th , 7 th , 8 th graders involved in the OMS band program	\$165 (\$82.50/semester)	____ Yes, my child is in band \$165 (Each Child)	Included on tuition statement
Extended Care Program (Optional)	Service for children needing additional care extending beyond the school day.	Please indicate how often you expect you will use the Extended Care Program.	____ Will not use ____ Drop in only ____ 2-3 days/wk ____ 3-5 days/wk	Billed monthly

Total Registration Costs for Additional Program(s) _____

TUITION PAYMENT OPTIONS

There are several payment options for paying tuition. The school accepts direct payments or families may arrange to coordinate payment options through the St Patrick's: Online Giving & School Tuition Payment available on the St. Patrick Website at the following link: <https://giving.parishsoft.com/app/giving/st401183> Provided as follows are the details for each payment plan, with accompanying due dates. Check the box next to the payment option preference that works best for your family

Payment in Full	Full payment due July 1	<input type="checkbox"/>
Payment Plan	Two payments due on July 1, Nov 1	<input type="checkbox"/>
Payment Plan	Four quarterly payments due on July 1, Sept 1, Nov 1, and Feb 1	<input type="checkbox"/>
Payment Plan	Ten Payments beginning July 1 and ending April 1	<input type="checkbox"/>
Individualized Payment Plan	Other – I will contact School or Parish Office by May 4, 2020 to arrange a payment plan that will be outlined in writing and kept on file in the school office. Payments withdrawn directly from checking / savings account on a recurring (e.g. weekly / monthly) basis.	<input type="checkbox"/>
ACH Debit Payments	Register on school/parish website https://giving.parishsoft.com/app/giving/st401183 (please contact the school or parish office for any assistance required.)	<input type="checkbox"/>

The school will furnish a tuition statement according to the plan selected. (Parents who select to pay in ten installments will receive a tuition statement ten times a year; parents who select other than the Ten Payments Plan will receive a quarterly tuition statement.)

In all payment plan choices, St. Patrick's Parish and School respectfully requests payment in full for the respective tuition balance no later than **May 1**. St. Patrick's School and Pastor will consider delinquent all accounts not paid in full by this date.

TUITION AGREEMENT 2021 – 2022

3. 90 days past due

When the family tuition account becomes 90 days past due, and in the absence of written agreement between all concerned parties satisfactory to the FOAC or the pastor, the following assessment and associated actions will occur:

- The family will receive notification from the FOAC. The notification will reflect the assessment of an additional \$25 late payment fee, and request family response within ten calendar days.
- In the absence of open and productive dialogue by the family, the family will receive a written notification, by certified mail, with a signed copy of this agreement. The notification will request the family respond within ten calendar days. The intent of this involvement is to foster open discussions in obtaining favorable resolution for all concerned parties.
- It is the responsibility of the family to establish an acceptable alternate plan for payment in writing.
- The FOAC will inform the pastor regarding the status of all associated discussions / activities.
- Affected students will be withdrawn from St. Patrick's School. This restriction will remain in effect for the duration of the academic school year or until the account is brought into good standing or establishment of an acceptable alternate payment plan in writing.
- The school administration will withhold report cards and transcripts until payment of the balance in full or establishment of an acceptable alternate payment plan in writing.

Families with Grade 8 Students:

The tuition and fees for 8th grade students must be current as of May 1. Affected students, with past due balances, will not receive a diploma or transcripts until payment of the balance in full or establishment of an acceptable alternate payment plan in writing.

End of school year balances:

All tuition and fees must be paid in full no later than May 1. The following measures for those families with unpaid balances and without an acceptable alternate payment plan on file:

- Family will receive written notification that their account is past due, along with a copy of this policy.
- Report cards and transcripts will be withheld until payment of the balance in full or establishment of an acceptable alternate payment plan in writing.
- Students will not be eligible to participate in any school-sponsored activities or attend class for the fall session.
- Families with delinquent accounts that choose not to return their students to Saint Patrick's Catholic School for the next academic school year will have their account turned over to a collection agency. This will also be in effect for families with delinquent accounts choosing to remove their children from enrollment during the academic school year.
- The school shall have the right to legal action for non-payment of tuition and fees; and recoupment of any associated litigation fees.

Grievance Consideration:

Any grievance by a parent/guardian submitted against the school or its employees shall be subject to resolution through Diocesan Administrative Recourse. (See Diocesan Policy DSP 1391/1392)

TUITION AGREEMENT 2021 – 2022

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TUITION AGREEMENT 2021 – 2022

AGREEMENT CERTIFICATION

We, the undersigned, hereby certify acceptance of financial responsibility for all tuition, fees, and charges on behalf of the named students. It is our obligation to make timely payments and we understand that assessment of late charges may occur for accounts in arrears. We further understand that if our account becomes severely delinquent, the school may withhold report cards, transcripts, and/or school records; and, deny enrollment of our children for subsequent years. The school may exercise the right to legal action for non-payment of tuition and fees; and recoument of any associated litigation fees.

Signatures of both parents required. In instances of divorce or separation, the parent(s) signing below accept full financial responsibility.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Printed Name

Printed Name



Scrip Program

Each school family is expected to purchase \$1500 of Scrip per year (May 1 to April 30).

WHAT IS SCRIP? Scrip is a program which gives back a percent of gift cards or Local Scrip to our school. When you buy a gift card, you are getting full value; *our profit comes from the merchant*. This profit helps keep tuition down and supports our school.

You can buy gift cards for almost any merchant. As an example, in this area, popular are Festival Foods (3%), Kwik Trip (5%), Amazon.com (2.25%), Walmart (2.5%), Walgreen's (5%), Kmart (4%), Menard's (4%), Kohl's (5%). You can also pay your Kohl's credit card bill with Scrip. We have gift cards for every gas station in Mauston, except Pilot. Northside Mobil takes Local Scrip. We have lists of merchants available at the school, rectory and on-line.

Profit on gift cards ranges from 1.5% to 15%.

Using an average profit of 5%, the \$1500 purchase yields a profit of \$75 for our school.

A family who chooses not to purchase Scrip will have \$75 added to their tuition in lieu thereof.

As an added incentive to continue to use Scrip, our Finance Committee has adopted a policy whereby once a family has purchased the initial \$1500, 65% of the profit on additional purchases will be credited toward that family's tuition.

The use of Scrip for all your grocery and gas could be a big help with your family's tuition!

Scrip can be purchased at the school office during the school year, at all week-end Masses and at the rectory during school vacation.

You are able to purchase Scrip online. There are people available to help you get started with Scrip online shopping - just let us know. Or, go to ShopwithScrip.com (our school code is **81AEE3B38898**).

Contact Jennifer or Jeri at the rectory, 847-6054, if you have questions.



APPLICATION FOR TUITION ASSISTANCE

Please return to Saint Patrick School office by May 1, 2021

A. PARENT/GUARDIAN INFORMATION (Required)

Father/Guardian: Mr./Dr. _____ <div style="text-align: center;"><i>Last</i> <i>First</i></div> Address: _____ City/State/Zip _____ Home Phone: (_____) _____ - _____ Cell Phone (_____) _____ - _____ E-mail Address: _____ Religion: _____ Registered Parish/Church: _____	Mother/Guardian: Mrs./Ms./Dr. _____ <div style="text-align: center;"><i>Last</i> <i>First</i></div> Address: _____ City/State/Zip _____ Home Phone: (_____) _____ - _____ Cell Phone: (_____) _____ - _____ E-mail Address: _____ Religion: _____ Registered Parish/Church: _____
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B. STUDENT INFORMATION

List all students, grades, and tuition for the school year for which this application is made. Do not include scholarships earned.

Student Name _____	Grade _____	Tuition _____
Student Name _____	Grade _____	Tuition _____
Student Name _____	Grade _____	Tuition _____
Student Name _____	Grade _____	Tuition _____

Total amount of tuition for the school year: \$ _____

C. DEPENDENTS

TOTAL number of dependents (including parent/guardian) in family household: _____

D. HOUSEHOLD INCOME TOTAL household income BEFORE deductions:

Include income of all working household members, government assistance, pension income, child support, Social Security and any other income.

Yearly Income: \$ _____ Monthly Income: \$ _____

The first two pages of your most recent Income Tax Return, a copy of your W-2's, Free and Reduced Lunch Form or other proof of income MUST BE INCLUDED with this application. Incomplete applications will not be considered. The back of this application must be completed.

E. Amount of tuition your family can afford to pay per month: \$ _____

← You MUST indicate a monthly amount your family can pay.

F. Amount of tuition assistance your family is requesting: \$ _____

Signature _____

Date _____

Saint Patrick School

DENTAL EXAM FORM

(To be filled out by your dentist)

Child's Name _____ Date of Birth _____

Address _____

Child is involved in a preventive dental health program.

All necessary dental work has been completed.

Treatment is in progress.

No dental work is necessary.

REMARKS:

DATE _____ SIGNATURE OF DENTIST _____

PRINTED NAME _____

Saint Patrick School

PRE-K/KINDERGARTEN PHYSICAL EXAMINATION FORM

STUDENT _____ BIRTHDATE _____ Male Female
First Name MI Last Name

FATHER _____ PHONE _____
First Name MI Last Name

MOTHER _____ PHONE _____
First Name MI Last Name

ADDRESS _____
Number & Street PO Box City State Zip

HEIGHT _____ WEIGHT _____ OTHER VS OR LAB _____

GENERAL APPEARANCE _____

SKIN _____ EYES _____ EARS _____

NOSE, MOUTH, THROAT _____ TEETH _____

RESPIRATORY _____ CARDIOVASCULAR _____

GASTROINTESTINAL _____ GENITOURINARY _____

MUSCULAR _____ SKELETAL _____ NEUROLOGICAL _____

Results of vision and hearing screening if done _____

1. Does the child have a health concern which may require EMERGENCY ACTION while he or she is at school? (e.g., seizure disorder, diabetes, heart problem, severe asthma, bleeding problem, bee sting or severe food allergy). NO YES (Circle One) If yes, please describe.

2. List any allergies and specific reactions: _____

3. Are any allergies LIFE-THREATENING? NO YES (Circle One) If yes, please describe.

4. Does the student need an EPI Pen? ** NO YES (Circle One)

5. Is the student on medication? NO YES (Circle One) If yes, please list medication, dosage and frequency. ** _____

6. Are there any restrictions of physical activity or physical education in school? NO YES (Circle One)

7. Does this student need special nutritional consideration? NO YES (Circle One) If yes, please describe.

8. Are there any other significant findings on exam, family or health history, or review of systems that may impact this child's health or learning during the school year? _____

** A prescribed medication order form must be completed for school staff to administer medication at school.

IMMUNIZATIONS GIVEN TODAY _____

SIGNATURE AND TITLE OF HEALTH CARE EXAMINER _____

PRINTED OR TYPED NAME OF EXAMINER _____ DATE OF EXAM _____

ADDRESS AND PHONE OF EXAMINER _____

Saint Patrick School

PRE-K/KINDERGARTEN EYE EXAMINATION FORM

Student's Name _____ Birth Date _____ Sex _____

Parent or Guardian _____ Phone _____

Address _____ County _____

School/Kindergarten _____ City _____

Date Entering Kindergarten _____

The State of Wisconsin encourages parents of Kindergartners to arrange for their child's eyes to be examined by an optometrist or evaluated by a physician by December 31 of the child's first year in school. An examination or evaluation should include, at a minimum, the elements listed below. (By checking the box, the examining doctor is indicating that the element checked was performed.)

- Brief history (general health and eye health) of the child, including family history
- General external observation of the child's eyes and surrounding structures
- Ophthalmoscopic examination through an undilated pupil
- Gross measurement of peripheral vision
- Evaluation of eye coordination and function (alignment and motility)
- Visual acuity for each eye (separately)

Findings:

As a result of this examination, follow-up care for the child is recommended: Yes No

Date of Examination: _____

Doctor/Physician Signature: _____

Print of stamp:

Doctor/Physician Name

Address

Phone

STUDENT IMMUNIZATION RECORD

INSTRUCTIONS TO PARENT: COMPLETE AND RETURN TO SCHOOL WITHIN 30 DAYS AFTER ADMISSION. State law requires all public and private school students to present written evidence of immunization against certain diseases within 30 school days of admission. The current age/grade specific requirements are available from schools and local health departments. These requirements can only be waived if a properly signed health, religious or personal conviction waiver is filed with the school. The purpose of this form is to measure compliance with the law and will be used for that purpose only. If you have questions regarding immunizations, or how to complete this form, contact your child's school or local health department.

PERSONAL DATA **PLEASE PRINT**

Step 1	Student's Name	Birthdate (MM/DD/YYYY)	Gender	School	Grade	School Year
	Name of Parent/Guardian/Legal Custodian	Address (Street, City, State, Zip)			Telephone Number	

IMMUNIZATION HISTORY

Step 2 List the MONTH, DAY, AND YEAR your child received each of the following immunizations. DO NOT USE A (✓) OR (X) except to answer the question about chickenpox, Tdap, or Td. If you do not have an immunization record for this student at home, contact your doctor or public health department to obtain it.

TYPE OF VACCINE*	FIRST DOSE MM/DD/YYYY	SECOND DOSE MM/DD/YYYY	THIRD DOSE MM/DD/YYYY	FOURTH DOSE MM/DD/YYYY	FIFTH DOSE MM/DD/YYYY
DTaP/DTP/DT/Td (Diphtheria, Tetanus, Pertussis)					
Adolescent booster (Check appropriate box) <input type="checkbox"/> Tdap <input type="checkbox"/> Td					
Polio					
Hepatitis B					
MMR (Measles, Mumps, Rubella)					
Varicella (Chickenpox) Vaccine <i>Vaccine is required only if your child has not had chickenpox disease. See below:</i>					
Has your child had Varicella (chickenpox) disease? Check the appropriate box and provide the year if known: <input type="checkbox"/> YES _____ Year (Vaccine not required) <input type="checkbox"/> NO or Unsure (Vaccine required)			Has your child had a blood test (titer) that shows immunity (had disease or previous vaccination) to any of the following? (Check all that apply) <input type="checkbox"/> Varicella <input type="checkbox"/> Measles <input type="checkbox"/> Mumps <input type="checkbox"/> Rubella <input type="checkbox"/> Hepatitis B If YES, provide laboratory report(s)		

REQUIREMENTS

Step 3 Refer to the age/grade level requirements for the current school year to determine if this student meets the requirements.

COMPLIANCE DATA

Step 4 **STUDENT MEETS ALL REQUIREMENTS**
 Sign at Step 5 and return this form to school.
 _____ Or _____

STUDENT DOES NOT MEET ALL REQUIREMENTS
 Check the appropriate box below, sign at Step 5, and return this form to school. PLEASE NOTE THAT INCOMPLETELY IMMUNIZED STUDENTS MAY BE EXCLUDED FROM SCHOOL IF AN OUTBREAK OF ONE OF THESE DISEASES OCCURS.

Although my child has NOT received ALL the required doses of vaccine, the FIRST DOSE(S) has/have been received. I understand that the SECOND DOSE(S) must be received by the 90th school day after admission to school this year, and that the THIRD DOSE(S) and FOURTH DOSE(S) if required must be received by the 30th school day next year. I also understand that it is my responsibility to notify the school in writing each time my child receives a dose of required vaccine.

NOTE: Failure to stay on schedule may result in exclusion from school, court action and/or forfeiture penalty.

WAIVERS (List in Step 2 above, the date(s) of any immunizations your child has already received)

For health reasons this student should not receive the following immunizations _____

 SIGNATURE - Physician Date Signed

For religious reasons, I have chosen not to vaccinate this student with the following immunizations (check all that apply)
 DTaP/DTP/DT/Td Tdap, Polio Hepatitis B MMR (Measles, Mumps, Rubella) Varicella

For personal conviction reasons, I have chosen not to vaccinate this student with the following immunizations (check all that apply)
 DTaP/DTP/DT/Td Tdap Polio Hepatitis B MMR (Measles, Mumps, Rubella) Varicella

SIGNATURE

Step 5 This form is complete and accurate to the best of my knowledge. Check one: (I do I do not) give permission to share my child's current immunization records and as they are updated in the future with the Wisconsin Immunization Registry (WIR). I understand that I may revoke this consent at any time by sending written notification to the school district. Following the date of revocation, the school district will provide no new records or updates to the WIR.

 SIGNATURE - Parent/Guardian/Legal Custodian or Adult Student Date Signed

St. Patrick School Medication/Procedure Form

Medications are to be administered at home whenever possible. If it is necessary to receive medications at school, all appropriate portions of this form must be completed before medications can be given by the school.

Student _____ Grade _____ Birthdate _____

Address _____

Mother _____ Mother Phone () _____

Father _____ Father Phone () _____

Physician _____ Physician Phone () _____

MEDICATION/PROCEDURE

Name of Medication/Procedure _____

Reason for Medication/Procedure _____

Time(s) to be given at school _____ Date(s): From ___/___/___ To ___/___/___

Dose _____ Route: Mouth ___ Inhaled ___ Injected ___ Other _____

State conditions medication is given on as needed basis (PRN) _____

How soon can administration of PRN medication be repeated _____

Precautions/unfavorable reactions _____

PARENT/GUARDIAN CONSENT: (complete for ALL medications/procedures at school)

- I request and authorize that this medication be administered at school by school personnel.
- I will supply medication in its original, updated, properly labeled container (Request bottle from pharmacy)
- I will obtain a new physician's order and notify the school in writing for any changes.
- I authorize school personnel to exchange information verbally or in writing with my child's physician regarding this medication or the conditions for which it is prescribed
- I further understand that all medication should be delivered to parent, guardian or responsible adult.
- I understand that medication will be given by non-medically trained personnel.
- I agree to hold the St. Patrick School, its employees and agents who are acting within the scope of their duties harmless in any way and all claims arising from the administration of this medication at school.
- My signature indicates that I have fully read and understand the above information.
- ASTHMA INHALER AND EPI-PENS ONLY: This student is capable of self-administration and may carry inhaler or Epi-pen and self-administer at school. YES _____ NO _____

Parent Signature _____ Date ___/___/___

PHYSICIAN ORDER: (Complete for all Prescription Medication/Procedures)

The above medication/procedure is to be administered/performed during the school day in accordance with the above instructions and agreements. I agree to accept communication about student/medication/procedure and understand medication will be given by non-medically trained school personnel.

Contact me if the following symptoms occur

Physician Signature _____ Date ___/___/___