

2026 - 2027 School Year

Family Last Name: _____ New OR Returning Family
 Family Religious Affiliation: _____ Parish/Church: _____

Home Info

Parental Status: married separated divorced remarried single widow other
 Student(s) live with: both parents/guardians mother father grandparents shared custody
 Language spoken at home: English Spanish other: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Address: _____ City: _____ State: _____ Zip: _____

Father's Name: _____
 Occupation: _____
 Employer: _____
 Cell Phone: _____
 Email: _____
 Denomination: _____

Mother's Name: _____
 Occupation: _____
 Employer: _____
 Cell Phone: _____
 Email: _____
 Denomination: _____

Student Info

Student Name: First _____ Middle _____ Last _____ Age _____
 Preferred Name: _____ Enrolling Grade _____ Male Female Catholic
 Date of Birth: _____ Hispanic/Latino Does this student have an IEP?
 American Indian/Alaskan Native Asian Black/African American White
 Previous School Attended: _____ Public School of Current Address: _____
 Additional Comments about Student: _____

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 Previous School Attended: _____ Public School of Current Address: _____
 Additional Comments about Student: _____

Registration Paid: Check # _____ Cash Parent Signature: _____

TO COMPLETE AFTER READING THE HANDBOOK

Students Name: _____ **Grade:** _____ **Date:** _____

Students Name: _____ **Grade:** _____ **Date:** _____

Students Name: _____ **Grade:** _____ **Date:** _____

Students Name: _____ **Grade:** _____ **Date:** _____

Handbook Agreement

We have read and will comply with all the terms of this handbook.

Parents Signature: _____ and _____

Student Name / Signature: _____

Student Name / Signature: _____

Student Name / Signature: _____

Student Name / Signature: _____

Technology Acceptable Use Guidelines / Contract (Found in Handbook)

I have read the technology contract and agree.

Parent Name: _____ Parent Signature: _____

Student Name / Signature: _____ Chromebook or iPad Number _____

Student Name / Signature: _____ Chromebook or iPad Number _____

Student Name / Signature: _____ Chromebook or iPad Number _____

Student Name / Signature: _____ Chromebook or iPad Number _____

COMPLETED BY OFFICE

Permit to Leave Premises

I request that you permit my child/children to walk to and from the playground and the Parish Center for lunch, recess, PE class, or other special activities, such as attending the Sikeston Public Library or going to the downtown DEPOT area. I release teachers, St. Francis Xavier School and Parish, Superintendent of Schools, Diocese of Springfield-Cape Girardeau, and all of its official representatives from any and all liability involving my child/children.

Parent Signature: _____

Internet Usage

St. Francis Xavier School has internet available in the classrooms and computer lab. My child/children have permission to use the school internet.

_____ Yes, my child/children may use the internet available at school for educational purposes.

_____ No, my child/children may not use the internet at school.

Parent Signature: _____

Medical Consent Form

In case of emergency, **St. Francis Xavier School** has my consent to authorize medical care for my child(ren) listed below:

Our family physician is: _____

His/her address is: _____

His/her telephone # is: _____

Our hospital preference is: _____

Allergies: _____

Contact me immediately at: _____

If unable to contact me, please call:

_____ @ _____
Name Telephone

_____ @ _____
Name Telephone

Medications this student takes: _____

List any health problems for this student here: _____

May we give Ibuprofen to this student? ___ Yes ___ No

May we give Tylenol to this student? ___ Yes ___ No

May we give this student prescribed medications? ___ Yes ___ No

Parent Signature: _____ Date: _____

Transportation

Please fill out the information below on what your child will be doing each afternoon. Also note if he/she is doing something on the first day as it is very hectic and we want to make sure everyone gets home safely!

Child's name: _____ Grade level: _____

Child's name: _____ Grade level: _____

Child's name: _____ Grade level: _____

Contact person: _____ phone: _____

On the **first day** of school, my child will be doing the following:

_____ Car Rider with: _____

_____ Walker

_____ Aftercare

My child's **daily** afternoon transportation will be:

_____ Same as above

_____ Car Rider

_____ Walker

_____ Aftercare

_____ Daily transportation changes often and I will send a note or email to the front office for those changes

People (and relation) who are allowed to pick up my child/children:

name

relation to child

St. Francis Xavier School

Debit Authorization

Authorization Agreement for Direct Payment (ACH Debits)

Company Name: St. Francis Xavier School

Company ID Number: 43-0653470

I (we) hereby authorize St. Francis Xavier School, hereinafter called COMPANY, to initiate debit entries to my (our) Checking Account / Savings Account indicated below, hereinafter called DEPOSITORY, and to credit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. Law.

Please Print

Depository/Bank Name: _____

City: _____ State: _____ Zip: _____

Routing Number: _____ Account Number: _____

This authorization is to remain in full force and effect until company has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name(s): _____

Date: _____ Signature: _____

Note: ALL WRITTEN CREDIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

Please specify which program by marking and then circling the option below:

_____ Tuition / Lunch / Aftercare – Monthly (Charged on 1st day of school (Aug payment) and the 10th of every month)

_____ Tuition / Lunch – Monthly (Charged on 1st day of school (Aug payment) and the 10th of every month) and Aftercare for year paid upfront by Sept 10 (for discount)

_____ Yearly Tuition paid by 1st day of school / Aftercare paid upfront for year by Sept 10 (for discount) and Lunch be taken out 10th of every month

Signature: _____ Date: _____



DIOCESE OF SPRINGFIELD - CAPE GIRARDEAU
Parental/Guardian Consent and Media Release Form

Dear Parent/Guardian:

In completing and signing this Parental Consent and Media Release Form, it is hereby understood that, as part of the catechesis and education in parishes and schools, my child/student may be engaged in live and/or recorded electronic communications and activities, such as group email, group texting, social media, and/or audio-video conferencing (using only the specific platforms designated below).

These activities and images may be recorded and included in official Diocesan, Parish, or School Webpage or Social Media posts, materials and campaigns, as well as other media initiatives (e.g., Print or Electronic News Media, Newsletters, Webpages, Fund-Raising, Promotional and Development Efforts, Grant Applications, and Video, PowerPoint or other Electronic or Media Presentations), only in compliance with the *Diocesan Policy and Guidelines for the Use of Technology, Email and Social Media* and other related policies, without compensation to child or parents/guardians.

Photographs, video and audio conferencing and recordings, social media posts, and other print and electronic media may be available for an undetermined amount of time, unless otherwise noted: _____
and restricted to specific groups of people: _____
and, for a specific purpose: _____

- ✦ Parents/Guardians who have completed and are in compliance with the Safe Environment requirements, Training and Background Screening, and have submitted the current Code of Conduct for Adults to the Parish/School Safe Environment Coordinator may request to participate in video/audio conferencing sessions involving their child. Parents/Guardians may, at any time, request copies of materials sent to their child regarding electronic communications.
- ✦ I understand that, due to the nature of the electronic communication and media platforms, confidentiality and/or protections from unauthorized dissemination cannot be guaranteed.
- ✦ I understand that any photographs, audio-video recordings will only be used by the Diocese, Parish or School in a legal manner and that in no way will my child be depicted in an unethical manner.
- ✦ I verify that I am aware of, understand, and agree to comply with the *Policy and Guidelines for the Use of Technology, E-Mail, and Social Media*, which is available on the diocesan Child and Youth Protection webpage
- ✦ I understand that unauthorized personal (one-on-one) conversations between diocesan personnel and minors violate the *Policy and Guidelines for the Use of Technology, E-Mail, and Social Media*, and that I may report any concerns or violations to the Diocesan Office of Communications, Media and Publications, the Diocesan Office of Child and Youth Protection, Law Enforcement, or the Missouri Child Abuse and Neglect Hotline 800-392-3738 or 844-CAN-TELL.
- ✦ This Consent and Release is effective for the current academic year, beginning July 1 and ending June 30 the following year, and may be revoked by parent/guardian at any time by written notice.

Child/Student Name: _____ DOB: _____

Parish/School/Group and Location: _____

Permission is granted for these contact preferences (initial and complete):

___ Group Email for Parent/Guardian: _____ Child: _____

___ Group Text for Parent/Guardian: _____ Child: _____

___ Video/Audio Conferencing Platform: _____

___ Designated Social Media Platform: ___ Facebook ___ Twitter ___ Instagram ___ YouTube

___ NO, I do not consent to my child being contacted through any electronic communication.

Parent/Guardian Name (printed): _____ Phone No: _____

Parent/Guardian Signature: _____ Date: _____

2026-2027 Volunteer Form

St. Francis Xavier School relies on the time and talents of parents and guardians. There are many activities throughout the school year which require the efforts and skills of many types of people.

We would greatly appreciate any time you could give in support of our school. Please know that all volunteers must be VIRTUS trained. Please contact the school office for information.

Family Name _____ Date _____

Volunteer Name _____ Phone Number _____

I would like to volunteer my time and talents for the following:

_____ Listen to students read/assist in learning stations:

Teacher _____ Day(s) of the Week _____ Time _____

_____ Fundraisers (mums, butterbraids, cookie dough, pizzas, etc.)

_____ Help with Volleyball

_____ School Library Day(s) of the Week _____ Time _____

_____ Lunch Duty 10:50 – 11:20 K – 4th grade Day(s) _____

_____ Lunch Duty 11:30 – 12:00 PreK3, Prek4, 5th – 8th Day(s) _____

Other Suggestions:

I think our school should consider the following activity, and I would be willing to help organize and facilitate it:
