

St. Anthony's Catholic School
1302 Oak
Dalhart, Tx. 79022
806-244-4811

Tuition Rates for 2008-2009

Active Parishioners

1 Student.....\$1555
2 Students.....\$2590
3 Students.....\$3305
4 Students.....\$4020

Inactive Parishioners or Non-Catholic

1 Student.....\$2265
2 Students.....\$3615
3 Students.....\$4530
4 Students.....\$5445

Monthly payments are expected to be made before the 10th of the month.
Late payments will have a 10% charge. Tuition may be paid in full in August of the new school year.

STUDENT INFORMATION

St. Anthony of Padua Catholic School

1302 Oak

Dalhart Texas, 79022 806-244-4811

STUDENT INFORMATION

Student Last Name, First Name, Middle Name			Date	Birth Date	Grade	County				
Home Address			City			Zip				
Student Social Security	Male	Female	Place of Birth	Home Phone		Ethnic Origin-Check One				
						Af-Amer	Asian	Hispanic	White	Other
Father's Name-First & Last		Religion	Place of Employment			Work Phone				
Mother's Name- First, Last (Maiden)		Religion	Place of Employment			Work Phone				
Father's Cell Phone			Mother's Cell Phone			Parent's Email Address				
What language is spoken in your home most of the time?										

PREVIOUS SCHOOL ATTENDED AND SACRAMENTAL INFORMATION

School Last Attended	Address Of Last School	Phone Number of Last School
Date of Baptism	Place of Baptism (City, State & Church Name)	
Date of First Eucharist	Place of First Eucharist (City, State & Church Name)	
Date of Confirmation	Place of Confirmation (City, State & Church Name)	

EMERGENCY INFORMATION

Emergency Contact -Name	Relationship	Telephone
Emergency Contact -Name	Relationship	Telephone
Family Doctor	Telephone	Address

STUDENT HEALTH INFORMATION

Physical Conditions the School Should Be Aware Of _____

Chronic Illnesses (i.e. Asthma, Allergies, Hay Fever, Sinusitis, etc) _____

Any other information that will help us teach your child more effectively _____

FIRST AID PERMISSION

“In case of accident or serious illness, I request that the school contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated above and to follow his instructions. If it is impossible to contact this doctor, the school may make whatever arrangements with another doctor they deem necessary. Permission is hereby given for my child to receive cough drops and simple first aid for cuts, burns and bruises whenever deemed necessary by the teacher.”

Parent Signature _____

The children at St. Anthony’s, as part of the Diocesan school system, are required to have some type of accident insurance (School Board Policy #3, February 4, 1987). We must ask that you provide the following verification of your own insurance policy.

Insurance Company _____

Policy Number _____

Insurance Company Phone Number _____

Please attach a copy of insurance card.

CATHOLIC SCHOOLS OF THE DIOCESE OF AMARILLO FIELD TRIP WAIVER

_____ School Year

During the school year, there is a need, on occasions to transport students to school-related events. Events may include but are not limited to: athletic contest, field trips, music contest, club luncheons, TAPS and PSIA contest. When school transportation is provided, the following guidelines will be followed:

- 1. Parents will be notified about the trip in advance**
- 2. Transportation will be by bus/van, unless parents are notified otherwise.**
- 3. Field trips should be completed and students returned to campus in time for regular dismissal. However, extended trips will require parents to be responsible for picking up their children at the school.**

By signing below, you are giving your permission for your child to ride to and from school-related events during the school year. This will eliminate the need to send a permission slip for parents to sign on each trip.

My child, _____ has my permission to ride to school related events subject to the rules stated above. I understand the student will be chaperoned both en route to and while at these activities, and the normal precautions will be taken in the interest of the student’s safety and well-being. I hereby authorize officials of the Amarillo Catholic Schools to seek medical attention as deemed necessary in an emergency for my child in my absence by a physician or hospital. Furthermore, I will not hold Catholic Schools of the Diocese of Amarillo financially responsible for the emergency care of my child.

Parent or Guardian Signature _____ **Date** _____

RELEASE FOR ADMINISTRATION OF TYLENOL, COUGH DROPS, TOPICAL OINTMENTS AND TUMS.

I give my permission for my child, _____ to receive the following non-prescription medications, according to the package directions, as needed for relevant symptoms they may experience while at school.

(Please check)

Acetaminophen (Tylenol)___ Tums___ Cough Drops___

Topical Ointments (Benedryl Gel, Triple Antibiotic ointment, Caladryl)_____

Medication will be administered from the office at St. Anthony's Catholic School.

(If you elect not to sign this release, your child will not receive any of these medications from the staff of St. Anthony's School.

Parent/Guardian: _____ Date: _____

St. Anthony of Padua Catholic School

Internet Acceptable Use Policy

Introduction

Students who wish to use St. Anthony of Padua Catholic School's facilities to access the Internet must first read and agree to abide by the conditions stipulated in this Acceptable Use Policy. St. Anthony of Padua Catholic School teachers and staff will review this document with students and provide them with the instructions necessary to acquire the skills to make appropriate use of the Internet. Internet access at SAPCS will be provided only where teachers are providing supervision. With access to computers and the internet comes the availability of materials that are not of educational value and that may be morally objectionable. Students may find sites that are offensive, defamatory or illegal. For this reason, it is important that parents discuss the proper use of the Internet with their students.

Educational Goals

The Internet is a worldwide computer network that allows the personal computers of individual users to access files located on remote servers in every part of the world. Most of these remote computers are located on university campuses, in government departments, corporations, and more recently, individual elementary and high schools. Internet access is appropriate for St. Anthony of Padua Catholic School students because it enables students to conduct research that supplements the more traditional text-based resources like encyclopedias, magazines and reference books. St. Anthony of Padua Catholic School teachers and the librarian will work together to help students develop the critical thinking skills necessary to discriminate between various informational sources and to evaluate and use information that is appropriate for their goals.

Appropriate Use of the Internet

Students may use the internet to complete assignments that include a list of Web sites or bookmarks that are appropriate for those assignments. Students may also search out Internet resources independently as part of their list of references for research projects. The Internet provides access for the pursuit of interests in areas like news, sports, politics and hobbies when personal and computer time permit.

Guidelines for Internet Use

1. Do not attempt to harm or destroy hardware, software or data of another user.
2. Use a broad range of resources and never rely on a single source like the Internet for research.
3. Respect copyright laws by citing sources and not representing the work of others as your own.
4. Do not waste computer file storage space or paper by excess printing.
5. Use appropriate language at all times.
6. Do not access websites for the purpose of viewing/downloading obscene, degrading or offensive material. Games are not to be downloaded.
7. Do not attempt to break into password-protected areas.

User Agreement and Parent Permission Form

As a user of the St. Anthony of Padua Catholic School computer network, I understand and agree to observe the above terms and conditions for Internet use. I realize that any violation of this policy constitutes a breach of trust between me and my fellow students, teachers and parents/guardians and any violation of this agreement will result in a withdrawal of Internet privileges and/or disciplinary action deemed appropriate by the administration.

Student Signature _____ Date _____

As the parent or guardian of the student signing above, I give permission for my student to use St. Anthony of Padua Catholic Schools' computers and their access to Internet. I will accept responsibility for discussing appropriate use of the network as described above with my student. I recognize that it is impossible for St. Anthony of Padua Catholic School to restrict my student's access to all materials that SAPCS and/or I may deem to be unacceptable. I will not hold SAPCS, its teachers or officers responsible if my student is able to deliberately or inadvertently access unacceptable materials.

Parent/Guardian Signature _____ Date _____

General Computer Guidelines:

1. Computer use is for educational enrichment. Go to the computer with a plan in mind.
2. Only school approved games are to be used on computers.
3. Computers are not to be used for chat rooms or listening to music.
4. Do not add to or change the hard drive, screen saver, or desktop.

SAPCS Photo, Video and News Interview Release Form

I do hereby grant to St. Anthony of Padua Catholic Schools the unlimited right to use and/or reproduce photographs, likenesses or the voice of my child in any legal manner and for the internal or external promotional and informational activities of St. Anthony of Padua Catholic Schools. I also agree to allow my child to be interviewed and/or photographed by representatives of the external news media in relation to any and all coverage of St. Anthony of Padua Catholic Schools in which they are involved. I also agree to allow my child's work and/or photograph to be published on the St. Anthony of Padua Catholic Schools Internet/Intranet Web Pages and/or SAPCS publications. I further understand that by signing this release, I waive any and all present, or future compensation rights to the use of the above stated material(s).

School Name _____

Student's Name _____

Parent/Guardian Signature _____ **Date** _____

Parent/Guardian Name (please print) _____

Parent/Guardian Address _____

CLASSROOM PARTIES

Parents Name _____

Sign up sheet for the two parties we have each year Halloween Oct. 31st and Valentine Feb.14th .

Please mark one for each child.

Halloween _____ Grade _____ Valentine _____ Grade _____

If you would be willing to be a chairman for a class please mark below.

Chairman _____ Grade _____