GRADES 1-8

APPLICATION

FOR ADMISSIONS

2017-2018
WELCOME TO ST. GERARD MAJELLA!

Included in this application packet is:

- Principal Letter
- Application Information Packet (return today)
- Letter from Fr. Skillman concerning financial obligations for the 2017-2018 school year
- A copy of “APT Green/Gold Weekly Raffle” fundraiser expectations
- Preliminary version of the 2017-18 school year calendar
- Kirkwood YMCA SACC (School Age Child Care) information (available upon request)

- St. Louis Archdiocesan Safe Environment Program “Protecting God’s Children” Information
  EACH PARENT WHO WISHES TO VOLUNTEER MUST REGISTER ONLINE. The website is http://health.mo.gov/safety/fcsr/. In order to register, you will need your social security number and a valid credit card. The fee is $14.25 per person. Each applicant is responsible for the $14.25.

The information needed for the parish to access your background check will be obtained from the following:
- Print off the form that verifies your registration and submit a copy to Kathy George at the parish office along with a completed Worker Registration Form. Two Worker Registration forms will be available.

  Once you have completed these steps you will be in compliance for all SGM activities involving children. If you think you are already in compliance, you may call the parish office to verify your compliance status.

  Registration process
  - Interview with principal
  - Registration/technology fee, and APT student fees are paid
  - Parish registration complete
  - Tuition agreement read.

If you have any questions or concerns during the above stated process, do not hesitate to call the school office. (314-822-8844, press 2)
February 5, 2017

Dear Parents,

St. Gerard Majella School is committed to providing a solid religious program that is consistent with the tenets of the Catholic faith and which is directly linked to the St. Gerard Majella parish mission statement. St. Gerard Majella School is also committed to providing an academic program that is rigorous and enriching…ever responsive to the potential and needs of the individual student within a general classroom setting.

The success of a child’s experience in a Catholic school is built around mutual respect, support, and communication between parents and the school/parish staff.

In the area of faith and living, parents are the strongest influence and example for their children. Consistent participation in the sacramental life of the Church is crucial to a child’s faith development. Family participation in weekly Sunday liturgy, sharing of time and talent, responsible financial stewardship, and participating in parish service/outreach projects is expected.

Parental interest in and support of the educational endeavors of their children are a strength and an asset in helping children develop an appropriate and positive attitude toward education. Parents of children enrolled in our school are expected to support the Archdiocesan Parent Witness Statement and the school’s policies/procedures as outlined in the Parent Handbook. Parents are also expected to participate in parent/teacher conferences and attend scheduled parent meetings.

By applying for admittance into St. Gerard Majella School, you have elected to place your child in an environment of faith and learning where values, attitudes, and skills acquired and practiced today will serve your child well into their future.

Sincerely,

Ms. Chris Guthrie
Principal

National Blue Ribbon School
2012
ST. GERARD MAJELLA GRADE 1-8 SCHOOL APPLICATION PACKET 2017-2018

Date of Registration into SGM Parish (Month/Year) ___________________ N/A

FAMILY NAME (last name only):__________________________________________

___ My child/children will be attending St. Gerard Majella School for the 2017-18 school year.

Registration Fee:   $175.00 registration fee per child  ($100.00 registration, $50.00 technology fee and $25.00 APT student fee)

Date______________  Amt. Pd._______________        Ck#___________________

Student's First Name  Grade in 2017-18
1. _________________  1 2 3 4 5 6 7 8
2. _________________  1 2 3 4 5 6 7 8
3. _________________  1 2 3 4 5 6 7 8
4. _________________  1 2 3 4 5 6 7 8
5. _________________  1 2 3 4 5 6 7 8

Need afterschool childcare:   YES  NO
(offered from 3:10-6:00pm by SACC Kirkwood Y)

By registering my child/ren at St. Gerard Majella School:
• I acknowledge that I will be required to abide by the SGM policies/procedures and the Archdiocesan Parent Witness Statement explained in the SGM Parent/Student School handbook.
  o The SGM school handbook contains not only general information about the school, but also the policies that apply to all students. It is important that each family read the handbook and familiarize itself with these policies. The school parent/student handbook is published online. You can access it at www.sgmschool.org.
• I agree to fulfill the financial obligations set forth in the SGM School Board tuition policy and procedures.
• I understand that I am expected to work 3-4 times a year in the cafeteria or submit a $150-$175 buyout fee.
  o Cafeteria scheduling forms are sent home in early May
• I understand that participation in the “APT Green/Gold Weekly Raffle” initiative will run in July, 2017. Mrs. Laurie Tighe will give you more information on this.

_________________________________ ________________
Print Name

_________________________________________________
Signature

_____ I am interested in receiving information on tuition assistance.

_____ I am interested in receiving information on contributing to assist a family unable to pay full tuition.

Registration is complete when this signed form is submitted to the School Office, $175.00 per child (registration $100.00, $50.00 technology fee, $25.00 student fee) are paid and appropriate birth/baptismal certificates are certificates are on file in the School Office.
**STUDENT INFORMATION**

Date of Application _______________ Grade Entering __________

School District student resides in _______________________________

Local Public School Attendance Area:

<table>
<thead>
<tr>
<th>Parkway</th>
<th>Kirkwood</th>
<th>Other District</th>
</tr>
</thead>
<tbody>
<tr>
<td>Barretts</td>
<td>Keysor</td>
<td>School ______</td>
</tr>
<tr>
<td>Hannah Woods</td>
<td>North Glendale</td>
<td></td>
</tr>
<tr>
<td>Wren Hollow</td>
<td>Robinson</td>
<td></td>
</tr>
<tr>
<td>Carmen Trails</td>
<td>Tillman</td>
<td></td>
</tr>
<tr>
<td>South Middle</td>
<td>Westchester</td>
<td></td>
</tr>
<tr>
<td>West Middle</td>
<td>Nipher Middle</td>
<td></td>
</tr>
<tr>
<td>Southwest Middle</td>
<td>North Kirkwood Middle</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Kirkwood High</td>
<td></td>
</tr>
</tbody>
</table>

**STUDENT INFORMATION:**

Full Name ___________________________________________       Prefers to be called_______________________

Permanent Address ____________________________________ City ______________________ State _________Zip________

Telephone Number _________________________ Date of Birth ____________________ Male __________ Female ________

Religion: Roman Catholic ___________ Other (please specify)________________________

Baptism: Church _________________________ Date _________________ City ________________State_________

First Reconciliation: Church _________________________ Date _________________ City ________________State_________

First Eucharist: Church _____________________________ Date _________________ City ________________State_________

Confirmation: Church _____________________________ Date _________________ City ________________State_________

**PARENT MARITAL STATUS:**

<table>
<thead>
<tr>
<th>MARRIED</th>
<th>WIDOWED</th>
<th>DIVORCED*</th>
<th>SEPARATED*</th>
<th>SINGLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student resides with: Both parents ______</td>
<td>Mother only ______</td>
<td>Mother/Stepfather ______</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Guardian ______</td>
<td>Father only ______</td>
<td>Father/Stepmother ______</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* If divorced/separated, indicate custody status:  Joint Legal _______ Mother Only Legal _______ Father Only Legal_____

* If divorced/separated, financially responsible part: ________________________________________________________________

A COPY OF THE DIVORCE DECREE MUST BE ON FILE IN THE SCHOOL OFFICE PRIOR TO THE FIRST DAY OF SCHOOL.

Total number of children in family _______________ Number of Boys ____________ Number of Girls ____________

Students rank in family (first, second, third, etc.) ___________________

Names of other children in family:

<table>
<thead>
<tr>
<th>Name _______________ DOB ______</th>
<th>Name _______________ DOB ______</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name _______________ DOB ______</td>
<td>Name _______________ DOB ______</td>
</tr>
</tbody>
</table>
## STUDENT BACKGROUND INFORMATION

### Schools/Preschools previously attended:
- **Name of School/Address**
- **Dates Attended:**

<table>
<thead>
<tr>
<th>Name of School/Address</th>
<th>Dates Attended</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

Has the applicant been diagnosed with a special need or condition that impacts learning or the learning environment? **Yes ___ No___**
If yes, explain ____________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Are services currently being received for any of the above? **Yes ________ No ________**
If yes, list provider of services, minutes of support services received weekly, and any other pertinent information ____________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

**PLEASE NOTE:** If a special learning need or condition exists, a copy of the diagnostic evaluation and recommended accommodations must be provided to St. Gerard Majella School before registration will be finalized.

### Are there any other learning considerations needed for this applicant? **Yes ________ No ________**
If yes, explain ____________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

### Does the applicant have any medical issue the school needs to be aware of? **Yes ________ No ________**
If yes, please describe ____________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Is the applicant currently on any medication that the school needs to be aware of? **Yes ________ No ________**
If yes, list medication and possible side effects ____________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
PARENT INFORMATION

FATHER

Marital Status:  Married _____  Divorced _____  Widowed _____  Single _____  Remarried ____  If married, name of spouse ____________________________

Father’s Name ____________________________________________________________  Home Telephone ________________________

Address ______________________________________________________________________________________________

E-mail Address (Please Print) ________________________________________________

Religion:  Roman Catholic ______  Other ________ (please specify) __________________________

Employer ________________________________________________________________

Address __________________________________________________________________________________________________

Occupation/Title __________________________________________ Business Telephone __________________________

MOTHER

Marital Status:  Married _____  Divorced _____  Widowed _____  Single _____  Remarried ___  If remarried, name of spouse __________________________

Mother’s Name ____________________________________________________________  Home Telephone ________________________

Maiden Name ______________________________________________________________

Address ______________________________________________________________________________________________

E-mail Address (Please Print) ________________________________________________

Religion:  Roman Catholic ______  Other ________ (please specify) __________________________

Employer ________________________________________________________________

Address __________________________________________________________________________________________________

Occupation/Title __________________________________________ Business Telephone __________________________

These statements are true and accurate to the best of my knowledge.

Parent Signature ___________________________  ___________________________
February 5, 2017

Dear Parents,

Enclosed is the tuition information for the coming school year. Again, our parish community is committed to educating every child of the parish that wants a Catholic education. If the cost of tuition has you considering different educational options, please speak with me for the range of ways we can keep Catholic education accessible to the broadest range of parishioners.

At registration, one check per child for $175.00 covers the following:
- $100.00 Registration fee (unchanged for several years)
- $50.00 Technology fee (unchanged for three years – licenses, student programs, etc.)
- $25.00 APT annual fee (moved to registration time instead of August)

If a family prefers not to sell the chances, a $200.00 donation may be made to the APT.

Tuition for 2017-2018 School Year
1 Child $5,680
2 Children $9,930
3 Children $12,430
4 Children $13,850

Based on our current enrollment, the actual cost to education a child at SGM is approximately $7,000. While that may seem high, every public school in the area exceeds this figure by several thousand dollars. How can we do this? Our school is supported by every parishioner who contributes to the parish. This is why it is so important that we all participate in the Sunday Offertory Collection as well. We all need to support the work and ministry of Catholic Education.

Also, every family, through the APT (Alliance of Parents and Teachers), is expected to sell at least 8 Green and Gold Raffle tickets at $25.00 a ticket to help fund the APT activities. This raffle has been very successful, especially with the on-line purchasing option. Every child in the school benefits from the proceeds of this raffle, so everyone needs to join in supporting this raffle. The APT continues to invite families to sell their tickets after Mass if they are unable to find other outlets to sell the tickets. If you prefer not to sell tickets, a $200.00 donation may be offered directly to the APT.

There are resources available to those families that need some assistance to keep their children in school. Currently the Guardian Angel Fund contributes over $25,000 a year to assist families with tuition. We have also adjusted tuition for some families with extenuating circumstances to help them keep their children at SGM school. If financial circumstances make you question sending you child(ren) to SGM, please call me to discuss some options. Tuition can be negotiated for those that demonstrate a need for tuition assistance.

In the end, tuition is strongly impacted by the enrollment. A full school helps to increase the levels of interaction among the students, it provides opportunities for greater social interaction and keeps down the cost of education by sharing it among a larger pool of families. Have you invited someone to consider SGM? How have you shared the good that happens at SGM school every day? Have you invited someone to take a tour of the school and learn more about what we offer? Enrollment management takes everyone’s participation.
As in the past, we will continue with the “Early Payment Discount.” If you are able to pay your entire tuition by August 15, 2017, you will receive a 2% discount. The payment book mailed to you in July will have the discounted tuition listed. Additionally, many companies make matching gifts to elementary schools...check with your company and call the office on how we can help with this as well.

Finally, again, if the cost of education is making you re-consider Catholic education, please contact me to discuss the options that are already available to our families.

Sincerely yours in Christ,

Rev. David P. Skillman
Parochial Administrator
<table>
<thead>
<tr>
<th>Please Print</th>
<th>Adult #1</th>
<th>Adult #2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Title</strong> (circle one)</td>
<td>Mr. Mrs. Miss Ms. Dr. Other</td>
<td>Mr. Mrs. Miss Ms. Dr. Other</td>
</tr>
<tr>
<td><strong>Name</strong> (first middle last)</td>
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</tr>
<tr>
<td><strong>Preferred/Nickname</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Maiden Name</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Gender</strong></td>
<td>Male _____ Female _____</td>
<td>Male _____ Female _____</td>
</tr>
<tr>
<td><strong>Birthday</strong></td>
<td>Date <strong><strong>/</strong></strong>/_____</td>
<td>Date <strong><strong>/</strong></strong>/_____</td>
</tr>
<tr>
<td><strong>Street Address</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>City, State Zip</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Preferred Email Address</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Marital Status</strong> (circle one)</td>
<td>Single Married Divorced Widowed Separated Cohabiting</td>
<td></td>
</tr>
<tr>
<td><strong>Date Married</strong></td>
<td>Date <strong><strong>/</strong></strong>/_____</td>
<td></td>
</tr>
<tr>
<td><strong>Home Phone</strong></td>
<td>( ) -</td>
<td>unlisted? Y_____ N____</td>
</tr>
<tr>
<td><strong>Cell Phone</strong></td>
<td>( ) -</td>
<td>unlisted? Y____ N ____</td>
</tr>
<tr>
<td><strong>Work Phone</strong></td>
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</tr>
<tr>
<td><strong>Occupation</strong></td>
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<td></td>
</tr>
<tr>
<td><strong>Employer</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Religion</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Baptism</strong></td>
<td>Yes____ No____</td>
<td>Yes____ No____</td>
</tr>
<tr>
<td><strong>First Communion</strong></td>
<td>Yes____ No____</td>
<td>Yes____ No____</td>
</tr>
<tr>
<td><strong>Confirmation</strong></td>
<td>Yes____ No____</td>
<td>Yes____ No____</td>
</tr>
<tr>
<td><strong>Marriage blessed by the Catholic Church</strong></td>
<td>Yes _____ No ______</td>
<td></td>
</tr>
<tr>
<td><strong>Are you interested in automatic withdrawal contributions?</strong></td>
<td>Yes____ No____</td>
<td></td>
</tr>
<tr>
<td><strong>Do you want Information about our full-time School?</strong></td>
<td>Yes____ No____</td>
<td></td>
</tr>
<tr>
<td><strong>Do you want information about our parish school of religion?</strong></td>
<td>Yes____ No____</td>
<td></td>
</tr>
<tr>
<td><strong>Do you have a household member living with you who would benefit from a visit from one of the priests?</strong></td>
<td>Yes____ No____</td>
<td></td>
</tr>
<tr>
<td><strong>Previous Parish</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Emergency Contact:</strong> Name ________________________________</td>
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<td></td>
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<tr>
<td><strong>Telephone Number:</strong> ________________________________</td>
<td>Continue other side</td>
<td></td>
</tr>
</tbody>
</table>

**www.stgerardmajellaparish.org**
# Dependent Children

<table>
<thead>
<tr>
<th>Child #1</th>
<th>Name (First &amp; Last)</th>
<th>Gender</th>
<th>Birthdate</th>
<th>School</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

Baptized Y  N  Date __/__/___  Church of Baptism:  
First Communion Y  N  Confirmation Y  No

<table>
<thead>
<tr>
<th>Child #2</th>
<th>Name (First &amp; Last)</th>
<th>Gender</th>
<th>Birthdate</th>
<th>School</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Baptized Y  N  Date __/__/___  Church of Baptism:  
First Communion Y  N  Confirmation Y  No

<table>
<thead>
<tr>
<th>Child #3</th>
<th>Name (First &amp; Last)</th>
<th>Gender</th>
<th>Birthdate</th>
<th>School</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Baptized Y  N  Date __/__/___  Church of Baptism:  
First Communion Y  N  Confirmation Y  No

<table>
<thead>
<tr>
<th>Child #4</th>
<th>Name (First &amp; Last)</th>
<th>Gender</th>
<th>Birthdate</th>
<th>School</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Baptized Y  N  Date __/__/___  Church of Baptism:  
First Communion Y  N  Confirmation Y  No

# Adult #3 -- Relationship to you

<table>
<thead>
<tr>
<th>Name (First &amp; Last)</th>
<th>Gender</th>
<th>Birthdate</th>
<th>Marital Status</th>
<th>Religion</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Date: <strong>/</strong>/___</td>
<td>Single Married Divorce Widow Separated</td>
<td>Yes No</td>
</tr>
</tbody>
</table>

Baptism Yes No  
First Communion Yes No  
Confirmation Yes No

Additional needs or comments:
PRELIMINARY CALENDAR FOR 
SCHOOL YEAR 2017-2018

This is the preliminary calendar for the school year. What this includes is 
everything that you will want to know as far as days off, etc. You will be able to view 
a more complete calendar in August. 2017.

August
August 13th—Visiting Day. Attend 11:30am Mass come over to school to drop off 
supplies, more info will be provided later
August 15th—First Day of School—full uniform – lunch will begin— Gr. 1-8 Mass

September
September 4th—Labor Day—No School
September 18-21—Testing Week for Grades 2-8
September 22—No School—Fallfest set up
September 23—Fallfest

October
October 13th—End of First Quarter
October 25th—Report Card Conferences beginning at 3:30pm until 7:00pm, 
2:30pm Dismissal
October 26th—Report Card Conferences beginning at 9:00am until 3:00pm
October 27th—No School
October 31st—Halloween—treats in the afternoon

November
November 1st—Feast of All Saints—No School
November 22nd—Grandparents and Special Friends Day 8:30am until 11:30am
November 23rd and 24th—Thanksgiving Observance
November 27th through 30th—Fifth grade shadow week of middle school

December
December 2nd—First Reconciliation
December 8th—Feast of the Immaculate Conception—No School
December 11th -18th —Exam week for Middle School
December 18th—End of Second Quarter
December 19th—Christmas All School Mass/ Celebration—dismissal 11:30
December 20th — Christmas Vacation

January
January 2nd—Teacher Workday
January 3rd—School Resumes
January 15th—MLK Day—No School
January 28th-February 2nd—Catholic Schools Week
February
February 4th—Registration Sunday
February 4th through 16th Re-registration for grades 1-8
February 19th—President’s Day—No School

March
March 2nd—End of Third Quarter
March 9th—Report cards
March 10th through March 18th—Spring Break
March 19th—classes resume
March 29th—Holy Thursday—11:30 dismissal
March 30th through April 2nd—Easter Observance—No School

April
April 3rd—school resumes

May
May 4th—Field Day
May 5th—First Communion
May—Awards Ceremony for 8th grade/Fun Field Trip/Graduation TBA
May 25th—Last Day—cleanup/Mass/dismissal at 11:00am
Request for Student Records

STUDENT INFORMATION

STUDENT LAST NAME

FIRST NAME

MIDDLE NAME/INITIAL

GRADE

DATE OF BIRTH

PLACE OF BIRTH - CITY

STATE

CURRENT ADDRESS - STREET NUMBER AND NAME

CITY

STATE

ZIP

PARENT / LEGAL GUARDIAN INFORMATION (SEE NOTE)

LAST NAME

FIRST NAME

RELATIONSHIP TO STUDENT

CURRENT ADDRESS - STREET NUMBER AND NAME

CITY

STATE

ZIP

HOME PHONE

LAST NAME

FIRST NAME

RELATIONSHIP TO STUDENT

CURRENT ADDRESS - STREET NUMBER AND NAME

CITY

STATE

ZIP

HOME PHONE

I/WE HEREBY REQUEST THAT RECORDS FOR THE STUDENT IDENTIFIED ABOVE BE PROVIDED TO THE SCHOOL IDENTIFIED BELOW. I CERTIFY THAT AS PARENT/LEGAL GUARDIAN AND/OR STUDENT, I HAVE THE LEGAL RIGHT TO AUTHORIZE THE RELEASE OF THIS INFORMATION. NOTE: THE AUTHORIZATION OF BOTH THE PARENT/GUARDIAN AND THE STUDENT ARE REQUIRED FOR A CURRENTLY ENROLLED STUDENT WHO IS 18 YEARS OLD OR OLDER AND NO LONGER ATTENDING THE SCHOOL HAS THE SOLE RIGHT TO AUTHORIZE RELEASE OF RECORDS.

SIGNATURE

SIGNATURE

THE RECORDS REQUESTED INCLUDE THE FOLLOWING:

- CUMULATIVE RECORD OF GRADES, ATTENDANCE, AND STANDARDIZED TEST SCORES
- SPECIAL NEEDS EVALUATION, DIAGNOSTIC REPORT, AND CURRENT PRESCRIPTIONS FOR ADJUSTMENTS
- IMMUNIZATION RECORD, VISION AND HEARING SCREENING, AND SPECIAL HEALTH CARE NEED INFORMATION

RECORDS REQUESTED FROM:

SCHOOL NAME

TELEPHONE

ADDRESS

CITY

STATE

ZIP

SEND RECORDS TO:

SCHOOL NAME

TELEPHONE

ADDRESS

CITY

STATE

ZIP

THE SCHOOL, FOLLOWING ITS ESTABLISHED POLICY, MAY WITHHOLD THE TRANSFER OF INFORMATION IF THERE IS AN UNPAID TUITION BALANCE OR OTHER FINANCIAL OBLIGATION.

REVISED 9/06
APT - GREEN/GOLD Weekly Raffle – 2017/18

As an alternative way to raise additional funds to secure school programs currently in place and to help keep tuition at a minimum, the APT (Alliance of Parents and Teachers) organizes an annual raffle to be kicked off each spring. This APT fundraising initiative replaces the multiple, door to door Innisbrook Wrapping Paper sales, Magazine Drives, and Entertainment Book sales that families used to be responsible for. The raffle has been very successful and over $40,000.00 is raised each year to assist in funding school activities and improvements to the school campus that directly enhance the learning experience of our students.

- All new & returning registering families are required to participate.

2017/18 RAFFLE SPECIFICS:
- ALL PROCEEDS BENEFIT THE SCHOOL!
- Every SGM school family is responsible for selling a minimum of (8) $25 raffle tickets.
- Sales will start Monday, July 24, 2017 and will end at 11:59pm on Friday, August 11, 2017.
  - The raffle drawings begin the first week of the new school year and continues through the last Monday that school is in session in May.
  - The first Monday of each month the “Raffle Committee” will pick a winner and that winner will receive a cash prize of $250. Every additional Monday in the month a different winner will receive a cash prize of $75.

BONUS: If you win the cash prize for the week your ticket is automatically reentered for the following Mondays!!!!
GOAL:
2200 tickets sold = $55,000

- Tickets will be sold via GoRaiseDough.com, an organization that administers online raffle ticket sales. **YES, tickets may be purchased with credit cards!**
- All families will receive an email from GoRaiseDough.com explaining how to register along with an email format to send to potential buyers.
- Paper tickets will be available, by request only, for those who have buyers not on the Internet. Please contact Laurie Tighe for paper tickets [letighe@gmail.com](mailto:letighe@gmail.com)
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<td>Varicella (chicken pox vaccine)</td>
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<td>Other</td>
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Follow-Up Notes:

This form must be returned to the school by: August 11, 2010

Grade Entering ____________________

List Dates (month – day – year)

School Address: 2005 Dougherty Ferry Road, Kirkwood MO 63122

School Name: ST. Gerard Majella

Student's Name: ____________________________

Birth Date: ______________  Sex:  ___________

Parent/Legal Guardian: ______________________

Physician's Name: __________________________

Physician's Phone #: ________________________

To Parent/Legal Guardian:

In accordance with the recommendations of the St. Louis Archdiocese Health Advisory Committee, all children are expected to have a complete physical examination upon entrance to kindergarten, 3rd grade, 6th grade, and all newly enrolled students who have not had a physical examination within the past 12 months.

It is expected that each student have this form on file at school by the first day of school. Please have your physician complete and sign this form. This form is provided for the convenience of your child's physician. At the time of the examination please have your child's physician complete and sign this form.

School Name: Ascension Catholic School

School Address: 238 Santa Maria Dr. Chesterfield, MO

School Phone: (636) 532-1151
Physical Examination Form – Ascension Catholic School

Medical History (to be completed by parent)

Eyes:  Glasses ____   (reading ___  distance ___)  Contacts ____

Other _______________________________________________

Ears:  Frequent infections  ______________________________

Hearing Difficulty (explain)  ______________________________

Hearing Aid:  right ____   left ____  wear at school ____

Allergies: (drugs, food, insects, pollens)

Please list: __________________________________________

Has the allergy ever required emergency action? (explain)

____________________________________________________

Asthma:  Yes ____   No ____  Triggered by: ________________

Treatments/Medications: ________________________________

Diagnosed by physician (date): ___________________________

Seizures:  Yes ____ No ____  Date of last seizure: ___________

Describe Seizure: _____________________________________

Medication: __________________________________________

Other Medication/Inhaler: _______________________________

____________________________________________________

Reasons for taking: ____________________________________

Other Health Concerns:

!  yes  !  no  Diabetes

!  yes  !  no  Heart problems

!  yes  !  no  Bleeding

!  yes  !  no  Eating

!  yes  !  no  Sleeping

!  yes  !  no  Bowel

!  yes  !  no  Bladder

!  yes  !  no  Bed wetting

!  yes  !  no  Teeth

!  yes  !  no  Skin

!  yes  !  no  Menstrual history

!  yes  !  no  Phobias (fears)

!  yes  !  no  Blood pressure

!  yes  !  no  Orthopedic

!  yes  !  no  Neurological

!  yes  !  no  Headaches

!  yes  !  no  Blood disorder

!  yes  !  no  Sickle cell anemia

!  yes  !  no  TB exposure

Explain: _____________________________________________

Other illness, injury, or health problem that might affect performance
at school: ____________________________________________

Physical Examination (to be completed by physician)

Growth Measurements:

Height: _________   Weight: _______

Dietary restrictions: ____________________________________

Physiologic Measurements:

Temperature: ________   Pulse: ________  Respiration:________

Blood pressure: ________  Urinalysis: ________

Physical Exam:

General Appearance: __________________________________

Skin: _______________________________________________

Head: _______________________________________________

Neck: _______________________________________________

Eyes: _______________________________________________

Vision Test:   Both ________  Right ________  Left ________

Ears: _______________________________________________

Hearing Test:  Pass ________   Fail ________

Nose/Mouth/Throat: ___________________________________

Chest: ______________________________________________

Abdomen: ___________________________________________

General Appearance: _________________________________

Physician Exam:

Physical Examination (to be completed by physician)

Date:  ____________    Date of Exam:  ________________

Other Health Concerns:

Reasons for taking: __________________________________

Medication: __________________________________________

Other Medication/Inhaler: _______________________________

Diagnosed by physician (date): _________________________

Seizure: Yes ____ No ____  Date of last seizure: ___________

Describe Seizure: _____________________________________

Asthma: Yes ____ No ____  Triggered by: ___________________

Has the allergy ever required emergency action? (explain)

Preferential Seating: __________________________________

Chronic conditions and treatment:

Other Restrictions: ____________________________________

Should physical activity be restricted?  Yes _____   No _____

If yes, specify degree: __________________________________

Other restrictions: ____________________________________

Preferential Seating: __________________________________

Signature: __________________________________________

Other Illness, Injury or health problem that might affect performance

Other Medical History:

Explain: _____________________________________________