



St. Gerard Majella School

2005 Dougherty Ferry Road

Kirkwood, MO 63122

**GRADES 1-8 APPLICATION
FOR ADMISSIONS
2020-2021**



**National Blue Ribbon School
2012**

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 2020-2021 school year
- A copy of “APT Green/Gold Weekly Raffle” fundraiser expectations
- Gerard Care (After School Child Care) information (available upon request)

Start date for K-8 will be August 19, 2020.

- St. Louis Archdiocesan Safe Environment Program “Protecting God’s Children” Information
EACH PARENT WHO WISHES TO VOLUNTEER MUST REGISTER ONLINE.
The website is <https://www.preventandprotectstl.org>. In order to register, you will need your social security number and a valid credit card. The fee is \$8.00 per person. Each applicant is responsible for the \$8.00.

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 (available on the sgmschool.org website, Parent/Student Handbook, page 8)**

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)



St. Gerard Majella School 2005 Dougherty Ferry Road Kirkwood, MO 63122

February 2, 2020

Dear Parents,

St. Gerard Majella School is committed to providing a solid religious foundation 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. Chrisell M. Guthrie, Ed.S.
Principal



National Blue Ribbon School
2012

ST. GERARD MAJELLA GRADE 1-8 SCHOOL APPLICATION PACKET 2020-2021

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 2020-21 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 2020-21

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 Gerard Care)

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.
 - 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 times a year in the cafeteria or submit a \$150.00 buyout fee.
 - Cafeteria scheduling forms are sent home in early May
- I understand that participation in the "APT Green/Gold Weekly Raffle" initiative will run July 24- August 7, 2020. Any questions contact Mrs. Marla Heyduck, meheyduck@hotmail.com

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 on file in the School Office.

STUDENT INFORMATION

Date of Application _____ Grade Entering _____

School District student resides in _____

Local Public School Attendance Area:

Parkway

Barretts

Hannah Woods

Wren Hollow

Carmen Trails

South Middle

West Middle

Southwest Middle

Kirkwood

Keysor

North Glendale

Robinson

Tillman

Westchester

Nipher Middle

North Kirkwood Middle

Kirkwood High

Other District

School _____

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:

MARRIED

WIDOWED

DIVORCED*

SEPARATED*

SINGLE

Student resides with: Both parents _____ Mother only _____ Mother/Stepfather _____
Guardian _____ Father only _____ Father/Stepmother _____* If divorced/separated, indicate custody status: Joint Legal _____ Mother Only Legal _____ Father Only Legal _____
Joint Physical _____ Mother Only Physical _____ Father Only Physical _____

* 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:

Name _____ DOB _____ Name _____ DOB _____

Name _____ DOB _____ Name _____ DOB _____

STUDENT BACKGROUND INFORMATION

Schools/Preschools previously attended:

Name of School/Address

Dates Attended:

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 _____

St. Gerard Majella



1969 Dougherty Ferry Road, Kirkwood, MO 63122-3538 (314) 965-3985
Fax (314) 965-7650

February 4, 2020

Dear Parents,

We welcome your consideration to enroll your child(ren) in St. Gerard Majella Elementary School. We know that the choice of a school is an important decision. While there are other educational options available, a Catholic school education provides a strong academic program in a Christ-centered setting.

As we have for more than 60 years, St. Gerard Majella Parish and School remain committed to excellence in education, faith formation, and attention to each student in a structured, nurturing environment. Our goal is to help each child to be fully *Alive in Christ*. Our principal, teachers, and staff are all professionally trained people of faith who seek to teach in the image of Christ.

On behalf of our school administration, faculty, staff and parish family, I welcome the opportunity to assist you in the education of your child. Our parish family supports the mission of the school and encourages you to join us. While not members of our parish, your presence is encouraged and your participation is welcome in a wide range of activities and events (sports program, scouting, *Fallfest*, Jubilation Auction, adult education programs, etc.).

The tuition for the child of a non-parishioner covers the "cost-per-student" average. The amount for the 2020-2021 School Year will be finalized and published soon. We expect a modest increase of about 3% from last year. Any contribution you wish to make beyond the amount of tuition will be accepted as a contribution to the parish and applied to improvements to the school. If you have more than one child enrolled at St. Gerard Majella Elementary School, a "family plan" will reduce the total tuition. Every family is also expected to participate in our "Green and Gold" raffle by selling 8 tickets, a total of \$200.00 per family.

Thank you for allowing us to share in your important and life-giving role. We hold this honor as a sacred trust and seek to be a close ally with you in educating and inspiring your child to be

"Rooted in Faith, Grounded in Excellence, Prepared for Success."

Sincerely yours in Christ,

Rev. David P. Skillman
Pastor

Request for Student Records

STUDENT INFORMATION

DATE OF REQUEST _____

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. A PERSON 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:

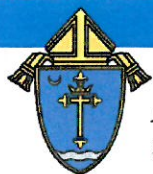
SCHOOL NAME _____ TELEPHONE _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____

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



SAFE ENVIRONMENT USER REGISTRATION

Got to <https://www.preventandprotectstl.org>

Click "Register" below the LOG IN button (image at right).

Enter the passcode **stlprotect** when prompted.

Select the type of location where you are a volunteer or employee

- Parish or Parish School
- Non-Parish School or Program
- Archdiocesan Agency
- Non-Archdiocesan Organization

Select the specific location by name.

Click the roles associated with your employment/service at that location.

If you are active at only one location, this will be your "primary" location.

If you are active at more than one location, click the ADD PARISH/LOCATION button and repeat the steps above. With more than one location, please click the "This is my main/primary location" circle to indicate where you are employed or, if you are a volunteer, where most of your ministry or service is performed.

Complete your personal information. Please enter your **legal first name** for the purposes of the background screening.

Create a username, password and password clue.

Agree to the Terms of Use and click SUBMIT.

You will then be prompted to submit information for a background screening, register for a Protecting God's Children workshop*, view two online training modules, and agree to the Code of Ethical Conduct.

*If you have previously attended a PGC workshop, the system will find and ask you to confirm your previous record of attendance. You will not be prompted to register for an upcoming workshop.

Use may use the links in your approval checklist to access these requirements. These steps may be completed all at once or may be completed separately at your convenience. You will receive an automated email weekly to remind you which requirements are outstanding. When all compliance requirements have been completed, your account will be approved and you will be clear to work with minors and vulnerable adults.

- ☒ Register onto the site
- ☐ [Submit New Background Check](#)
- ☐ Complete "[Protecting God's Children](#)" training
- ☐ Complete "[Mandated Reporter](#)" training
- ☐ Complete "[Code of Conduct](#)" training
- ☐ Sign "[Code of Conduct](#)"

Should you need any assistance, please contact ocyp@archstl.org

St. Gerard Majella Parish Registration

Today's Date ____/____/____

Please Print	Adult #1	Adult #2
Title (circle one)	Mr. Mrs. Miss Ms. Dr. Other _____	Mr. Mrs. Miss Ms. Dr. Other _____
Name (first middle last)		
Preferred/Nickname		
Maiden Name		
Gender	Male _____ Female _____	Male _____ Female _____
Birthday	Date ____/____/____	Date ____/____/____
Street Address		
City, State Zip		
Preferred Email Address		
Marital Status (circle one)	Single Married Divorced Widowed Separated Cohabiting	
Date Married	Date ____/____/____	
Home Phone	() - _____ unlisted? Y _____ N _____	
Cell Phone	() - _____ unlisted? Y _____ N _____	() - _____ unlisted? Y _____ N _____
Work Phone	() - _____	() - _____
Occupation		
Employer		
Religion		
Baptism	Yes _____ No _____	Yes _____ No _____
First Communion	Yes _____ No _____	Yes _____ No _____
Confirmation	Yes _____ No _____	Yes _____ No _____
Marriage blessed by the Catholic Church	Yes _____ No _____	

Are you interested in automatic withdrawal contributions?	Yes _____ No _____
Do you want Information about our full-time School?	Yes _____ No _____
Do you want information about our parish school of religion?	Yes _____ No _____
Do you have a household member living with you who would benefit from a visit from one of the priests?	Yes _____ No _____

Previous Parish _____

Emergency Contact: Name _____

Telephone Number: _____

Continue other side

Dependent Children

Child #1				
Name (First & Last)	Gender	Birthdate	School	Grade
Baptized Y___ N___	Date ___/___/___	Church of Baptism :		
First Communion Y___ N___	Confirmation Y___ No _____			
Child #2				
Name (First & Last)	Gender	Birthdate	School	Grade
Baptized Y___ N___	Date ___/___/___	Church of Baptism :		
First Communion Y___ N___	Confirmation Y___ No _____			
Child #3				
Name (First & Last)	Gender	Birthdate	School	Grade
Baptized Y___ N___	Date ___/___/___	Church of Baptism :		
First Communion Y___ N___	Confirmation Y___ No _____			
Child #4				
Name (First & Last)	Gender	Birthdate	School	Grade
Baptized Y___ N___	Date ___/___/___	Church of Baptism :		
First Communion Y___ N___	Confirmation Y___ No _____			

Adult #3 -- Relationship to you _____	
Name (first last)	
Gender	Male _____ Female _____
Birthday	Date: ___/___/___
Marital Status	Single Married Divorce Widow Separated
Religion	
Baptism	Yes _____ No _____
First Communion	Yes _____ No _____
Confirmation	Yes _____ No _____

Additional needs or comments:

Grade Entering _____

List Dates (month – day – year)

School Year: 2020--2021

Physical Examination Form

Type of vaccine	1 st	2 nd	3 rd	4 th	5 th
DTaP/DTP (Diphtheria, Tetanus, Pertussis)					
DT					
Td					
OPV/IPV (polio)					
MMR (Measles, Mumps, Rubella)					
Measles					
Mumps					
Rubella					
HIB					
TB Test (type & result)					
Hepatitis B					
Varicella (chicken pox vaccine)					
Other:					

Follow-Up Notes:

THIS FORM MUST BE RETURNED TO THE SCHOOL OFFICE BY:

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, 9th grade, and all newly enrolled students who have not had a physical examination within the past 12 months.

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

School Name: St. Gerard Majella

School Address: 2005 Dougherty Ferry Road, Kirkwood MO 63122

School Phone: (314) 822-8844

Physical Examination Form – St. Gerard Majella

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:

<input type="checkbox"/> yes <input type="checkbox"/> no Diabetes	<input type="checkbox"/> yes <input type="checkbox"/> no heart problems
<input type="checkbox"/> yes <input type="checkbox"/> no bleeding	<input type="checkbox"/> yes <input type="checkbox"/> no eating
<input type="checkbox"/> yes <input type="checkbox"/> no sleeping	<input type="checkbox"/> yes <input type="checkbox"/> no bowel
<input type="checkbox"/> yes <input type="checkbox"/> no bladder	<input type="checkbox"/> yes <input type="checkbox"/> no bed wetting
<input type="checkbox"/> yes <input type="checkbox"/> no dental	<input type="checkbox"/> yes <input type="checkbox"/> no skin
<input type="checkbox"/> yes <input type="checkbox"/> no menstrual history	<input type="checkbox"/> yes <input type="checkbox"/> no phobias(fears)
<input type="checkbox"/> yes <input type="checkbox"/> no blood pressure	<input type="checkbox"/> yes <input type="checkbox"/> no orthopedic
<input type="checkbox"/> yes <input type="checkbox"/> no neurological	<input type="checkbox"/> yes <input type="checkbox"/> no head aches
<input type="checkbox"/> yes <input type="checkbox"/> no blood disorder	<input type="checkbox"/> yes <input type="checkbox"/> no lungs
<input type="checkbox"/> yes <input type="checkbox"/> no sickle cell anemia	<input type="checkbox"/> yes <input type="checkbox"/> no TB exposure
<input type="checkbox"/> yes <input type="checkbox"/> no bee allergy	

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: _____
Genitalia: _____
Back & Extremities: _____
Neurological Exam: _____
Chronic conditions and treatment: _____

Should physical activity be restricted? Yes ____ No ____
If yes, specify degree: _____
Other restrictions: _____
Preferential Seating: _____
Signature: _____
Date: _____ Date of Exam: _____

APT - GREEN/GOLD Weekly Raffle – 2020/21

As an alternative way to raise additional funds to secure school programs and to help keep tuition at a minimum, the Alliance of Parents and Teachers (APT) organizes a raffle 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. Over \$55,000.00 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.

2020/21 RAFFLE SPECIFICS:

- **ALL PROCEEDS BENEFIT THE SCHOOL!**
- **Every SGM school family is responsible for selling a minimum of eight (8) \$25 raffle tickets.**
- **Sales will start Friday July 24, 2020 and will end at on Friday, August 7, 2020.**
 - The raffle drawings begin the first week of the new school year and continue 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. Each subsequent 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:

2,200 tickets sold = \$55,000

- Tickets will be sold via GoRaiseDough.com, an organization that administers online raffle ticket sales. **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 Marla Heyduck for paper tickets meheyduck@hotmail.com.