

ST. MATTHEW SCHOOL
1307 Lincolnshire Drive
Champaign, Illinois 61821

The forms that need to be completed for registration for the 2017-2018 school year are online and should be completed, printed out and returned to school as soon as possible. The deadline is May 31, 2017. They include:

- ◆ Book Fee Payment Form – please complete and return with payment
- ◆ Family/Student(s) Information Sheet
- ◆ School Messenger form
- ◆ Medical Information form
one medical information form per student must be completed

Additional forms for families registering a child for the first time at St. Matthew:

- ◆ Computer and Internet Use Policy
one form per family – must be signed by parent and each St. Matthew student
- ◆ Policy on Student Photographs/Visual Images
one form per family – must be completed by parent
- ◆ Request for student records form (Gr. 1-8)
- ◆ Race and Ethnicity form
- ◆ Birth Certificate (courthouse copy) submitted
- ◆ Baptismal Certificate (if not baptized at St. Matthew) submitted

Finally, before a student will be admitted on the first day of class in August, 2017, the following is required:

- ◆ Completed physical for grades Kdg. and 6
- ◆ Completed eye exam for Kdg.
- ◆ first tuition payment made – first payment due August 16, 2017

Please return these forms either directly to the main office or by mail no later than May 31, 2017. If there are any questions, do not hesitate to call the school office, 359-4114.

PLEASE NOTE: The tuition plan, ACH form, and letter from Father Rayson were distributed to the youngest or only students on Monday, April 3, 2018. Please complete and return.

Amt. Pd.
Check #
Cash
Date
Office Use Only

ST. MATTHEW SCHOOL
 BOOK FEE PAYMENT FORM for 2017-2018

Please return no later than May 31, 2017

FAMILY NAME (please print)

_____ Our family will be attending St. Matthew for the 2017-2018 school year.

_____ Our family will definitely not be attending St. Matthew for the 2017-2018 school year.

Reason(s)

Name and grade for of child/children who will attend St. Matthew School in 2017-2018:

- | | | | |
|----------|-------------|----------|-------------|
| 1. _____ | Grade _____ | 4. _____ | Grade _____ |
| 2. _____ | Grade _____ | 5. _____ | Grade _____ |
| 3. _____ | Grade _____ | 6. _____ | Grade _____ |

Number of children attending _____ x 235.00 = \$ _____ *

FINAL NOTICE:

It is imperative that this form be completed and returned by May 31, 2017. Thank you for your cooperation.

*The book fee is non-refundable.

PLEASE PRINT ALL INFORMATION

FAMILY INFORMATION SHEET

2017-2018

ST. MATTHEW SCHOOL
1307 Lincolnshire Drive
Champaign, IL 61821

FAMILY NAME _____

Today's Date _____

Parent _____

Parent _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone (father) _____ Cell Phone(mother) _____

Student 1 _____ Birthdate _____ Male _____ Female _____ Allergies _____

Student 2 _____ Birthdate _____ Male _____ Female _____ Allergies _____

Student 3 _____ Birthdate _____ Male _____ Female _____ Allergies _____

Student 4 _____ Birthdate _____ Male _____ Female _____ Allergies _____

Student 5 _____ Birthdate _____ Male _____ Female _____ Allergies _____

Student 6 _____ Birthdate _____ Male _____ Female _____ Allergies _____

Father/Guardian Employed at: _____ Occupation: _____

Work Phone: _____ Preferred Email: _____

Mother/Guardian Employed at: _____ Occupation: _____

Work Phone: _____ Preferred Email: _____

Family Physician: _____ Phone _____

Family Dentist _____ Phone _____

Name of person to notify if neither parent can be contacted:

_____ Phone _____

_____ Phone _____

In an extreme medical emergency, your child will be taken by ambulance to the Regional Trauma Center (Carle Center). In case of a lesser emergency, efforts will be made to contact your for your direction. It is assumed that all medical fees are the responsibility of the parent.

Comments: _____

Parent Signature

Parent Signature

St. Matthew School Telephone Broadcast Service

In our effort to continue communication between parents and school, St. Matthew School is continuing to use a telephone broadcast system that will enable school personnel to notify all households and parents by phone within minutes of an emergency or unplanned event that causes early dismissal, school cancellation or late start. The service has been used from time-to-time to communicate general announcements or reminders. This service is provided by SchoolMessenger

PLEASE NOTE THE FOLLOWING:

- 1) This requires NO registration by the parent on the School Messenger website.
- 2) All information and contact numbers are strictly secure and confidential and are only used for the purposes described herein.

Phone Information Form

The **Primary Contact Number** will be used to call you every time we send a SchoolMessenger call, regardless of the urgency of the message.

The **Secondary Contact Number** will be called at the same time as the Primary Number on calls where the message we are sending is of a more urgent or time sensitive nature to ensure that we get the call to you as soon as possible. Please consider these numbers carefully and make an effort to keep us informed as soon as possible if either number changes for any reason.

Child 1: Last Name: _____ First Name: _____

Primary Contact Number: (____) ____ - _____

Secondary Contact Number: (____) ____ - _____

Child 2: Last Name: _____ First Name: _____

Primary Contact Number: (____) ____ - _____

Secondary Contact Number: (____) ____ - _____

Child 3: Last Name: _____ First Name: _____

Primary Contact Number: (____) ____ - _____

Secondary Contact Number: (____) ____ - _____

Child 4: Last Name: _____ First Name: _____

Primary Contact Number: (____) ____ - _____

Secondary Contact Number: (____) ____ - _____

Child 5: Last Name: _____ First Name: _____

Primary Contact Number: (____) ____ - _____

Secondary Contact Number: (____) ____ - _____

Child 6: Last Name: _____ First Name: _____

Primary Contact Number: (____) ____ - _____

Secondary Contact Number: (____) ____ - _____

Thank you for your prompt attention to this matter.

**ST. MATTHEW SCHOOL
MEDICAL INFORMATION & EMERGENCY FORM
PLEASE PRINT ALL INFORMATION
ONE FORM PER STUDENT**

Student (last, first, middle): _____

Address: _____

Student's Regular Physician: _____ Phone: _____

STUDENT MEDICAL CONDITIONS:

Please list any medical conditions (asthma, diabetes, epilepsy, etc.) _____

List any allergic reactions to medications: _____

List any medication the student is presently taking: _____

Other pertinent information: _____

Date of most recent tetanus shot: _____

MEDICAL INSURANCE INFORMATION:

Company _____

Plan Number _____ Plan Identification _____

EMERGENCY CONTACTS:

Parent or Guardian Name: _____

Daytime Phone: _____ Evening Phone _____

Other Contact Name: _____ Phone: _____

Relationship (friend, neighbor, etc.): _____

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

This information will be kept in the possession of St. Matthew School. A copy will be distributed to the person in charge of each trip or athletic activity in which the student participates. Should the need arise this information will be given to the proper medical authorities.

I, _____, understand that in the case of illness or injury to my child, _____, the school will try to notify me or the person I have listed above as an emergency contact. In case of medical emergency concerning my child, at a time when I or my listed emergency contact cannot be notified, I grant full power to St. Matthew School to 1) arrange for the transportation of my child, whether by ambulance or otherwise, to a proper facility where emergency medical treatment would normally be administered, including but not limited to, an emergency room of a hospital, a doctor's office, or a medical clinic; and 2) sign releases as may be required in order to obtain any medical or surgical treatment as is required in the judgment of medical authorities at the facility.

Signature of Parent/Guardian

Date

ST. MATTHEW SCHOOL
Computer and Internet Acceptable Use Policy

The mission of St. Matthew Catholic School is to educate the whole student by Christ centered formation in a catholic environment, leading them to do God's will in this world so as to be with Him in the next.

The school strives to maintain higher academic standards in all relevant fields and includes appropriate use of technology to promote education excellence in all areas of the curriculum. St. Matthew School has Internet access in the computer lab and in the classrooms. Students are expected to follow Catholic moral principles when using technology. The good name and image of St. Matthew School must never be defamed because of misuse of technology by a student. Access to telecommunications provides students with countless resources; the potential for enhanced student learning is unlimited. It is the hope of the faculty and staff that all St. Matthew students will become responsible, Christian users of the Internet.

RESPONSIBLE USERS DO NOT:

1. Damage computers, systems, disks, CD's , or networks.
2. Change settings or preferences on any computer without permission from the technology coordinator or a teacher.
3. Change or delete computer files that do not belong to the user.
4. Share account information or attempt to use another person's account/password without permission.
5. Violate copyright restrictions.
6. Use Internet access for commercial purposes.
7. Use the Internet for any illegal purposes.
8. Use obscene, inappropriate, harassing, or insulting language on the computer.
9. Participate in chat rooms, social networks, instant messaging, or blog websites.
10. Attempt to bypass the school's filtering system.
11. Use Image Search Engines.
12. Download, share, or print files from the Internet without permission from the technology coordinator or a teacher.
13. Use any portable device (such as disk, CD, DVD, flash drive, etc.) brought to or from home and school.
14. Play games or engage in other non-academic activities without authorization from a teacher.
15. Access a student's e-mail account while using the school's computers.
16. Disseminate/disclose any student's personal information online (such as home address, phone, birthdate, etc.)

RESPONSIBLE USERS:

1. Use the school computers under teacher supervision.
2. Use the Internet under teacher supervision following the rules and directions given by the teacher.
3. Are polite, considerate, and respectful of others when using technology.

St. Matthew School does not guarantee the reliability of the school's data connection and does not verify the accuracy of information of the World Wide Web. The Internet is used solely for educational purposes. The use of the Internet and technology is a privilege, not a right, and inappropriate use will have consequences. The principal will deem what is inappropriate and determine the consequences in accordance with the school discipline policy.

ST. MATTHEW SCHOOL
Computer User and Internet Access
Agreement of Understanding and Permission Form

I have read and discussed with my child(ren) the St. Matthew School Acceptable Use Policy for technology. I give my child(ren) permission to access the Internet according to the guidelines of this policy.

In consideration for my child being permitted to use school technology, I hereby release and agree to indemnify and hold harmless the Parish, the School and the School's employees and agents, the Diocese of Peoria and its agents, and the volunteers assisting the School due to my child's use of school technology.

Parent/Guardian Name (Please Print)

Parent/Guardian Name (Please Print)

I have discussed the rules for using computers and accessing the Internet with my parents and agree to keep these rules in a spirit of Christian love and concern.

1. _____
Name (Please Print)

Signature

2. _____
Name (Please Print)

Signature

3. _____
Name (Please Print)

Signature

4. _____
Name (Please Print)

Signature

5. _____
Name (Please Print)

Signature

6. _____
Name (Please Print)

Signature

SAINT MATTHEW SCHOOL
1307 Lincolnshire Drive
Champaign, Illinois 61821

Policy on Student Photographs/Visual Images/Audio Recordings

This policy applies to audio or video recordings, photographs or other visual images of students taken or created by St. Matthew faculty, staff, parents, university students, or classmates. Students may be involved in school-sponsored activities which may result in audio and/or video tapes and/or photographs being taken of students engaged in those activities. These activities may include classroom instruction, participation in school events or athletic contests, the display of student work, or the representation of a particular instructional program. These visual images may take the form of videos, photographic (film or digital) displays, or pictures in newspapers, magazines, reports, or school-sponsored Internet sites including the school Facebook page and Twitter account. Students may or may not be identified. No individual identification of student's last name with photos will be permitted on school-sponsored Internet sites.

In order to protect the privacy of students who may or may not be identified in photographs/visual images, parents/guardians will be given the opportunity to complete a permission slip allowing the taking/making of photographs/visual images by St. Matthew faculty, staff, parents, university students, or classmates. Completed slips will be kept on record at the main school office

The St. Matthew School administration shall permit student photographs to be taken on school premises by commercial photographers or members of the media when there is a school-related purpose for the photographs. School employees may not profit from such photographs.

Dear Parent/Guardian:

Students are often involved in school-sponsored activities during which photographs may be taken of them and/or their work by St. Matthew faculty, staff, parents, university students, or classmates. Such activities may include classroom instruction, participation in school events or athletic contests, the display of student work, or the representation of a particular instructional program.

St. Matthew School receives requests from educational leaders, newspaper and magazine journalists, and others asking for permission to photograph students. The images might be in the form of audio recordings, videos, photographic (film or digital) displays, or pictures in newspapers, magazines, reports, or school-sponsored Internet sites including the school Facebook page and Twitter account. The purpose of many of these pictures is to help further the cause of better education through awareness. It is expected that photographs of St. Matthew students will be used for dignified, educational purposes and not to be commercially sold or used in commercial advertising.

Also, St. Matthew School occasionally receives requests for displays or photographs of student work. Any permission for such displays would also be to further the educational process.

In the spirit of promoting better education, we are requesting your consent for your child to be photographed and/or to use samples of your child's work. If you will give such permission, please fill in the blank spaces in the statement below and return it to the school office. This consent includes but is not limited to: photographs, videotape, and audio recordings.

Sincerely yours,

Mrs. Petrece Klein
Principal

.....

I hereby grant permission for: (list child(ren) names – please print)

to have his/her picture taken by St. Matthew faculty, staff, parents, university students, or classmates while involved in a school-sponsored activity and/or to use samples of his/her work. I understand that my son/daughter may be identified as participating in a special instructional program. By giving my permission for him/her to be photographed or videotaped, I am giving permission for possible identification of him/her in the photographs and/or videotapes. I understand that such pictures/student work is to be used for educational purposes.

Signature of Parent/Guardian

Date

NEW STUDENTS ONLY

Illinois State Board of Education U.S. Department of Education race and Ethnicity Data Standards

Student's Name: _____ Grade: _____
(Please Print)

INSTRUCTIONS: This form is to be filled out by the student's parents or guardians, and both questions must be answered. Part A asks about the student's ethnicity and Part B asks about the student's race. If you decline to respond to either question, the school district is required to provide the missing information by observer identification.

Part A. Is this student Hispanic/Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race) Choose only one.

_____ **No, not Hispanic/Latino**

_____ **Yes, Hispanic/Latino**

The question above is about ethnicity, not race. No matter which answer you selected, continue and respond to the question below by marking one or more boxes to indicate what you consider this student's race to be.

Part B. What is the student's race? Choose one or more.

_____ **American Indian or Alaska Native** (A person having origins in any of the original peoples of North and South America, including Central America, and who maintains tribal affiliation or community attachment)

_____ **Asian** (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine islands, Thailand, and Vietnam)

_____ **Black or African American** (A person having origins in any of the black racial groups of Africa)

_____ **Native Hawaiian or Other Pacific Islander** (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands)

_____ **White** (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa)

_____ **I decline to respond to either question.**

Parent/Guardian Signature

Date

Note: Data collected on this form must be maintained by the school district for three years. However, when there is litigation, a claim, an audit, or another action involving this record, the original responses must be retained until the completion of the action.

SAINT MATTHEW SCHOOL
1307 LINCOLNSHIRE DRIVE •CHAMPAIGN, ILLINOIS 61821
Phone...217/359-4114...Fax...217/359-8319

NAME: _____ DATE: _____

GRADE: _____

Dear Principal:

The above student has registered at Saint Matthew School. Will you kindly send us the following records:

- A. medical
- B. educational
- C. social and/or psychological
- D. cumulative academic
- E. attendance
- F. other pertinent data

Thank you for your cooperation.

Sincerely,

Mrs. Petrece Klein
Principal

CONSENT TO REQUEST STUDENT RECORDS

I hereby give consent to _____
(school from which the student is transferring)

located at _____
(address)

to provide records requested for

(student's name)

to Saint Matthew School.

Date: _____

Signature: _____

Relationship to child – mother, father, or legal guardian:

Legal Name _____										Sex		M	F	Diocese of Peoria St. Matthew School 1307 Lincolnshire Dr. Champaign, IL
Last		First		Middle										
Address _____										Home Phone _____				
Number		Street		City		Zip								

Birthdate _____										Proof of Birth _____			
Month		Day		Year		(Certified Certificate Provided)							

Father or Guardian _____													
Last		First		Middle Initial		Occupation							

Mother or Guardian _____													
Last		First		Middle Initial		Occupation							

stop here>>>

Entered _____				Withdrew _____				Reentered _____			
Date		From		Date		To		Date		To	

Transcript _____													
Sent to _____										Date _____			

Grade	School Year	Student Name	Total Days Attendance	Total Days Absence	Times Tardy	Religion	Reading/Literature	Reading Level	Spelling	English	Mathematics	Social Studies	Health & Science	Penmanship	Music	Art	Physical Education	Spanish	Promoted to or Retained in

A - 94-100	C - 76-85	D - 68-76	O - Outstanding	S - Satisfactory															
B - 86-93	F - Failing	G - Very Good	N - Needs Improv																