

Saint Michael School
80 Maple Avenue
North Andover, MA 01845



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Occasionally the faculty may need to get in touch with you. This form **MUST BE** kept in the school office. Please fill out the information below and sign the release so that we will have your permission to treat your child in the case of an emergency. If your child has additional medical considerations, please contact the school nurse.

Student's Name _____ Student Cell Phone if applic. _____

Grade _____ Student's Date of Birth _____

Street Address _____

Town, State, Zip _____ Home Phone _____

Please Check this box if this address is NEW.

Parent/guardian Name _____ Email _____

Place of Work _____ Occupation _____

Work Hours _____ Cellular # _____ Work Phone _____

Parent/guardian Name _____ Email _____

Place of Work _____ Occupation _____

Work Hours _____ Cellular # _____ Work Phone _____

Please Note: If the student does not reside with both parents, please provide an additional address for the parent with whom the child does not reside:

Parent Name _____ Address _____

Email address for mailings _____

Please indicate two people to contact if parents are not available. **THIS MUST BE FILLED OUT!**

Name _____ Phone _____

Address _____ Relationship _____

Name _____ Phone _____

Address _____ Relationship _____

I, _____, the parent or guardian of _____, authorize the staff and personnel of Saint Michael School to treat my son or daughter in case of emergency.

Further, I (we), release the staff and personnel of Saint Michael School from liability for any act or omission conducted in the course of rendering such care to my son or daughter. In the event of an emergency, your child will be taken to the nearest hospital, unless otherwise notified.

Publicity/Photo Permission:

Please be advised that students names and/or photos may appear in the school newsletter, school website, school social media sites, and/ or local newspapers this year as well as subsequent years. If you do not give us permission to do so, please contact the school in writing by September 1st. Please be aware that the Trumpet and monthly newsletters will be in the public domain on our school website.

I (we) understand and agree to pay all tuition and fees associated with my child(ren)'s participation and attendance in any programs sponsored by St. Michael School as outlined in the student handbook that my family receives at the start of the school year.

I (we) have read and agree to be governed by the rules and policies outlined in the school handbook (located in the front cover of your child's assignment notebook for gr. 1-8, separate handout for early childhood). The Catholic Church and this Catholic School recognize parents as the primary educators of their children. The education of students at our school is a partnership between parents and the school. If, in the opinion of the administration, the partnership is irretrievably broken, the school reserves the right to require the parents to withdraw his or her child.

Parent/Guardian Signature _____ Date _____

If at any time, the above information is updated by the parents, please send in a note to the school office with updated phone numbers/addresses so we are able to contact you.

One form is required for each child