

STUDENT NAME: _____



STUDENT PROFILE

Please return by the first day of school.

STUDENT INFORMATION

First Name:	Middle Name:	Last Name:	Grade:
Street address:			
City:	State:	ZIP Code:	
Mailing Address (if different than street address):			
Home phone:		Cell Phone:	

HOUSEHOLD 1

(THE PRIMARY MAILING ADDRESS/CONTACT(S) FOR THE STUDENT)

Mailing Address (if different than above):			
City:	State:		Zip:
Parent/guardian #1	Prefix:	First Name:	Last Name:
Relationship to student:			
Cell phone:	Number to call during the school day:		Workplace:
Home phone:	☐ cell ☐ home ☐ work		Occupation:
Work phone:	John Bapst Graduate? ☐ No ☐ Yes If yes, what year?		
		Last name at time of graduation:	
Email #1:			Email #2:
Parent/guardian #2	Prefix:	First Name:	Last Name:
Relationship to student:			
Cell phone:	Number to call during the school day:		Workplace:
Home phone:	☐ cell ☐ home ☐ work		Occupation:
Work phone:	John Bapst Graduate? ☐ No ☐ Yes If yes, what year?		
		Last name at time of graduation:	
Email #1:			Email #2:

HOUSEHOLD 2

Mailing Address:			
City:	State:		Zip:
Parent/guardian #1	Prefix:	First Name:	Last Name:
Relationship to student:			Send mailings to this person ☐ yes ☐ no
Cell phone:	Number to call during the school day:		Workplace:
Home phone:	☐ cell ☐ home ☐ work		Occupation:
Work phone:	John Bapst Graduate? ☐ No ☐ Yes If yes, what year?		
		Last name at time of graduation:	
Email #1:			Email #2:
Parent/guardian #2	Prefix:	First Name:	Last Name:
Relationship to student:			
Cell phone:	Number to call during the school day:		Workplace:
Home phone:	☐ cell ☐ home ☐ work		Occupation:
Work phone:	John Bapst Graduate? ☐ No ☐ Yes If yes, what year?		
		Last name at time of graduation:	
Email #1:			Email #2:

OVER PLEASE



STUDENT NAME: _____

GRANDPARENT(S) INFORMATION

Name:

Mailing address:

City:

State:

Zip:

John Bapst Graduate? ▢ No ▢ Yes If yes, what year?

Last name at time of graduation:

Name:

Mailing address:

City:

State:

Zip:

John Bapst Graduate? ▢ No ▢ Yes If yes, what year?

Last name at time of graduation:

Name:

Mailing address:

City:

State:

Zip:

John Bapst Graduate? ▢ No ▢ Yes If yes, what year?

Last name at time of graduation:

Name:

Mailing address:

City:

State:

Zip:

John Bapst Graduate? ▢ No ▢ Yes If yes, what year?

Last name at time of graduation:

PLEASE READ AND COMPLETE THE STATEMENTS BELOW

BOOK LOAN AGREEMENT

We request that the books needed for the school year be loaned to us by John Bapst Memorial High School. We agree to return these books to John Bapst on the last day of each course. We further agree to acknowledge financial responsibility for said loaned books and understand if lost, stolen, or destroyed, we will be billed for their **replacement** cost.

Parent / guardian signature: _____

Date: _____

LEGAL RESIDENCE

(The town in which you live)

I, _____, do hereby attest that my child's legal residence is
Parent/guardian name

Street Address

City or Town

Parent/guardian signature: _____

PAYMENT OBLIGATION

I agree that I am responsible to pay for the tuition, fees, and any other charges made by John Bapst Memorial High School in connection with the attendance of the above mentioned student at John Bapst, to the extent that such tuition, fees, and charges are not paid by sending school districts, contracted financial aid, or scholarship awards. I undertake this obligation in consideration of the education and other services provided by the school to the student named above. In the event that the tuition, fees, and other charges for the student for which I am responsible are not paid, I will also be responsible for the costs of collecting those amounts from me, including interest and legal fees, if any.

Parent/guardian signature: _____

Date: _____

HANDBOOK ACKNOWLEDGEMENT

We understand that as John Bapst Memorial High School students and parents, we are asked to support the school and its mission and to acquaint ourselves with and abide by the school's policies and procedures. Our signatures below indicate that we will review and familiarize ourselves with the contents of the Student & Parent Handbook and we agree to abide by the school's policies and procedures, as outlined in the handbook. (The handbook may be viewed online, a printed copy is distributed to each student at the start of school, or a printed copy of the handbook may be requested from the main office.)

Student signature: _____

Parent / guardian signature: _____

Date: _____

NEXT ➞

STUDENT NAME: _____

NOTIFICATIONS

Permission to Publish

The school may publish my student's name, photo, and works in and on any school produced publications, lists, and social media. **If you do not agree, please complete the Permission to Publish form and return it to the school.** (The form is available on the school's website or from the main office.)

Pesticide Application

Any parent/guardian who requests notification of specific pesticide application at John Bapst may print and complete the form posted on the school's website, www.johnbapst.org.

FERPA

A copy of the Family Educational Rights and Privacy Act (FERPA) is posted on the school's website, www.johnbapst.org.

Asbestos Notification

Pursuant to the Asbestos Hazards Emergency Response Act, John Bapst Memorial High School conducts semi-annual inspections of the building to identify and evaluate asbestos hazards. It has been determined that the school contains asbestos in the thermal insulation of the heating system and in the floor tiles. This material is confined to the basement and boiler room areas of the school. All areas occupied by students have been inspected and approved for use. A written plan for management of these materials has been developed and is available for review in the Business Office between 7:30 a.m. and 3 p.m. Monday through Friday.

Military Recruitment

Consistent with federal and state requirements, John Bapst Memorial High School releases to military recruiters students' name, address, and telephone number unless a parent/guardian specifically denies this release by indicating below with a check mark:

☐ I **do not** give consent for John Bapst to release the above information to military recruiters (if left blank your child's information will be shared).

Parent /guardian signature: _____

Date: _____

My signature acknowledges that I have read and understand the notifications above.

STUDENT HEALTH INFORMATION

My student takes the following prescribed medication(s):

Allergies:

Emergency Contact #1:

Relationship to student:

Phone:

Emergency Contact #2:

Relationship to student:

Phone:

Students are not allowed to carry and/or administer medication of any kind at school or during a field trip or school chaperoned event. If your student requires prescription medication, you must notify the school nurse at 947-0313 ext. 122 or nurse@johnbapst.org.

PERMISSION TO ADMINISTER NON-PRESCRIPTION MEDICATION

I give permission for trained personnel to administer to this student (circle **yes** or **no** for each medication):

Ibuprofen YES NO **Acetaminophen** YES NO **Benadryl** YES NO **Cough Drops** YES NO

Parent/guardian signature: _____ **Date:** _____