SAINT MARTIN DE PORRES
CLEVELAND'S CRISTO REY HIGH SCHOOL

RE-ENROLLMENT DOCUMENTS 2018-2019 SCHOOL YEAR

Dear Saint Martin Families:

We are already looking ahead to our next school year and your student's continued path to graduation! The following items are needed to process enrollment for the 2018-2019 school year.

Re-enrollment Forms:
To secure your student's spot for next year please fill out and return the following forms to the Main Office by *April 27, 2018*. We are required by law to update this information for each school year. Please make sure all forms are signed and dated. Forms are also available on our website.

- ✓ Demographic Form – review current information and make updates.
- ✓ Safe Form
- ✓ Emergency Medical Form – complete both sides.

Please call Brenna Davis, 216-881-1689, ext. 300, with questions. You may mail, email, or fax forms to:

Attention: Brenna Davis
6111 Lausche Ave
Cleveland, OH 44103

Email: bdavis@stmdphs.org
FAX: 216-881-8303

Credit Recovery:
Students who must recover credits from first semester have been notified. Families will be notified by June 18, 2018 if students must make up credits for second semester. All credit recovery work must be completed by July 31, 2018. Call Stacy Miller, 216-881-1689, ext. 201, with questions.

Overdue Tuition:
All outstanding tuition must be paid before the start of the new school year. Please call Merlyn Santiago, 216-881-1689, ext. 329, if you have any questions. You may mail in your check or money order, or deliver them to the Saint Martin de Porres ANNEX.

Attention: Merlyn Santiago
6111 Lausche Ave
Cleveland, OH 44103

No student will be allowed to enroll in the fall until the above items have been completed. We look forward to seeing you for the 2018-2019 school year!

Sincerely,

Ryan Hurley and John Fay
Co-Principals

Student Name (Last, First)	Date of Birth: Gender:
Mailing Address	Phone (number you would like us to call first):
LEGAL Guardian 1(last, first)	Guardian 1 relationship to student:
LEGAL Guardian 1 Address (if different)	Guardian 1 Email:
LEGAL Guardian 1 Phone 1	☐ Cell ☐ Home ☐ Work
LEGAL Guardian 1 Phone 2	☐ Cell ☐ Home ☐ Work
LEGAL Guardian 1 Phone 3	☐ Cell ☐ Home ☐ Work
LEGAL Guardian 2 (last, first)	Guardian 2 relationship to student:
LEGAL Guardian 2 Address (if different)	Guardian 2 Email:
LEGAL Guardian 2 Phone 1	☐ Cell ☐ Home ☐ Work
LEGAL Guardian 2 Phone 2	☐ Cell ☐ Home ☐ Work
LEGAL Guardian 2 Phone 3	☐ Cell ☐ Home ☐ Work
Student Lives With ☐ Mother ☐ Mother and Stepfather ☐ Aunt ☐ Father ☐ Father and Stepmother ☐ Uncle ☐ Both Parents ☐ Both Grandparents ☐ Brother ☐ Grandmother ☐ Grandfather ☐ Sister	☐ Guardian ______________________________
How would you like to receive your monthly newsletter? ☐ Paper in Mail ☐ E-mail: ______________________________	Are you interested in bus transportation TO school? ☐ Yes ☐ No

The following information is required for state reports. It is NOT used to discriminate.

Ethnicity	☐ Hispanic ☐ Non-Hispanic
Race (check all that apply)	☐ African American or Black ☐ White, non-Hispanic ☐ Am. Indian/Alaskan Native ☐ Hispanic/Latino ☐ Asian ☐ Multi-racial ☐ Native Hawaiian or other Pacific Islander
Religion	☐ Non-Catholic ☐ Catholic

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2018-2019 Safe Form

In addition to an up-to-date Emergency Authorization Form, the school also requires a Safe Form for other situations that might arise with students. Therefore, for the safety of the students and staff at Saint Martin de Porres High School, we ask that you provide us with the information below.

Student Name:

Primary Parent/Guardian:
Relationship:
Primary Phone Number:

Section I:
In addition to the Primary Parent/Guardian, who has permissions to pick up the student from school at any given time?

Name: ____________________________ Relationship: ______________

Name: ____________________________ Relationship: ______________

Name: ____________________________ Relationship: ______________

Section II:
Please list if there is anyone who specifically **MAY NOT** pick-up the student from school under any circumstances:

Name: _________________________ Relationship: _________________

Name: _________________________ Relationship: _________________

Primary Parent/Guardian Signature: _____________________________Date: ___________

Additional Notes:

Saint Martin de Porres High School **Must be completed each year**

2018-2019 EMERGENCY MEDICAL AUTHORIZATION FORM

Purpose – To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parents or guardians cannot be reached.

Student Name:	Grade: Date of Birth:
Emergency Contact 1: Relationship:	Phone 1: Phone 2: Phone 3:
Emergency Contact 2: Relationship:	Phone 1: Phone 2: Phone 3:
Emergency Contact 3: Relationship:	Phone 1: Phone 2: Phone 3:

INDICATE CONSENT BY COMPLETING EITHER PART I OR PART II

PART I: CONSENT

I hereby give consent for the following medical care providers and local hospital to be called:

Primary Care Doctor/____ Phone___________________________________

Dentist____ Phone___________________________________

Medical Specialist ____ Phone___________________________________

Mental Health/Outside Counselor____________________________________ Phone___________________________________

Local Hospital Preference ____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for 1) the administration of any treatment deemed necessary by above-named doctors, or in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and 2) the transfer of the child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

MEDICAL INFORMATION:

Medication Allergies ______________________________________Food/Other Allergies__________________________________

Past/Present Medical Problems____

Past/Present Mental Health Problems____

Past Surgeries____

Daily Medications____

As needed Medications____

Date_______________________Signature of Parent/Guardian ____

PART II: REFUSAL TO CONSENT

I do not give consent for emergency medical treatment of my child. In the event of illness or injury regarding emergency treatment, I wish the school authorities to take the following action:

____

____

____

Date _____________________ Signature of Parent/Guardian ____

COMPLETE AND SIGN REVERSE SIDE

Saint Martin de Porres High School **Must be completed each year**

2018-2019 EMERGENCY MEDICAL AUTHORIZATION FORM

AUTHORIZATION TO ADMINISTER OVER-THE-COUNTER MEDICATIONS

The following is a list of Over-the-Counter (OTC) medications approved by the Consulting Physician. These medications will be given in accordance to the package directions, appropriately for weight and age. With parent/guardian written permission, these medications may be administered per school policy by the school nurse, or St. Martin de Porres designee, during school hours, on school field trips, or at work by the workplace supervisor. Any other medications to be given in school require a separate permission form with the order and signature of your child's physician/prescriber and your signature.

MARK the medications your child may receive at school:

- ○ Acetaminophen (Tylenol) 325 mg 1-2 tablets every 4 hours for headache, pain/menstrual cramps. *
- ○ Ibuprofen (Advil, Motrin, Midol IB) 200mg 1-2 tablets every 4-6 hours for menstrual cramps, headache, pain, sore throat pain. *
- ○ Cough suppressant lozenges (i.e. Halls or equivalent) for mild cough or mild sore throat.
- ○ Antacid tablets (i.e. Tums or equivalent) for mild indigestion or heartburn, chew 1-2 tablets.
- ○ Normal saline solution for minor contact irritation or emergency eye irritation.
- ○ Vaseline or equivalent for chapped lips.
- ○ Triple antibiotic ointment for minor cuts.
- ○ Diphenhydramine (Benedryl) 25 mg tablets every 4-6 hours for allergic reaction.

Special Instructions: (please indicate your preferences)

- ○ DO NOT give my child any of the above medications at school/on field trips.
- ○ DO NOT give my child any of the above medications at the workplace.
- ○ Please notify me before giving any of the above medications at school or at the workplace.

PARENT/GUARDIAN REQUEST AND RELEASE FOR ADMINISTRATION OF MEDICATION

I give permission for my child__________________________, to receive the above medication at school according to school policy. It is understood that Saint Martin de Porres High School and all of its personnel are absolved from any liability which might be associated with the administration of such medication.

____ ________________

Parent/Guardian Signature Date

*Note : *

*Acetaminophen (Tylenol) and * Ibuprofen (Motrin, Advil, Midol IB) medications must be brought in from home in a SEALED container with student name clearly written on the container.

The labeled student OTC medication bottle will be for that student's use only.

The bottle will remain in the clinic until empty or the end of the school year.