

PUPIL EMERGENCY INFORMATION 2024-2025

PARENT LAST NAME (print) _____ CHILD(REN)'S LAST NAME(S) _____

NAME OF CHILD(REN) **BIRTH DATE** **GRADE AND/OR TEACHER**

_____/____/____ _____
_____/____/____ _____
_____/____/____ _____

FATHER

FATHER / check if step-parent : _____ Father's cell: _____

Father's email: _____ Father's work number: _____

MOTHER

MOTHER / check if step-parent : _____ Mother's cell: _____

Mother's email: _____ Mother's work number: _____

STUDENT

CHILD(REN)'S primary address: _____

IF NEW HOME ADDRESS CHECK ___ / If HOME PHONE *other than cell* list here: _____

If divorced, who is primary CUSTODIAL PARENT? _____

If custodial parent cannot be reached, may we contact non-custodial parent? YES / NO

TWO ADULTS who will assume responsibility and may pick up child if parents cannot be reached:

Name: _____ Relationship to child: _____ Phone: _____

Name: _____ Relationship to child: _____ Phone: _____

HEALTH SECTION

Physician/Hospital of choice: _____ Physician Phone: _____

List medications, dosage your child(ren) takes at home OR school and any physical, mental conditions, allergic reactions:

Child's Name and List Conditions: _____

Also Please check: ___Asthma / ___Diabetes / ___Heart Conditions / ___Epilepsy/ ___Allergies (list) _____

Child's Name and List Conditions: _____

Also Please check: ___Asthma / ___Diabetes / ___Heart Conditions / ___Epilepsy/ ___Allergies (list) _____

Child's Name and List Conditions: _____

Also Please check: ___Asthma / ___Diabetes / ___Heart Conditions / ___Epilepsy/ ___Allergies (list) _____

If in the judgment of school authorities immediate medical and/or hospital attention is indicated, do you authorize school authorities to send your child to Gateway Regional Medical Center, Granite City? Circle choice YES NO

Signature of Legal Parent (sign) _____ Date: _____

Print Name of Parent: _____

Certification of Medical Insurance / Indemnity Agreement

PARENT LAST NAME (PRINT) _____

A. The undersigned, as parent(s) or guardian(s) of the *student(s) below* (please print):

Name: _____ Grade 2024-2025 _____

Name: _____ Grade 2024-2025 _____

Name: _____ Grade 2024-2025 _____

Name: _____ Grade 2024-2025 _____

I do certify to Holy Family School, Granite City, and the Catholic Dioceses of Springfield in Illinois, that my child(ren) **IS/ARE COVERED** under the following medical insurance policy or health care plan:

Name of Insurer or Insurance Plan: _____

Policy or Group Number: _____

OR

B. The undersigned, as parent(s) or guardian(s) of the *student(s) below* (please print):

Name: _____ Grade 2024-2025 _____

Name: _____ Grade 2024-2025 _____

Name: _____ Grade 2024-2025 _____

Name: _____ Grade 2024-2025 _____

I do certify to Holy Family School, Granite City, and the Catholic Dioceses of Springfield in Illinois, that my child(ren) **IS/ARE NOT COVERED** by a medical insurance policy or health care plan. I agree to obtain insurance through AIG Student Accident Insurance Policy 2023-2024. Enroll in the office or call 1-800-551-0824 for enrollment.

BELOW APPLIES TO ALL

I/We further understand that Holy Family School does not provide any medical insurance coverage for the child(ren), and that I/we assume all responsibility for payment of any medical expenses (including, but not limited to, doctors' fees, hospital charges, or any other medical or related charges) incurred by the child(ren) due to any injury or illness that occurs while the child(ren) is/are in attendance at Holy Family School or participating in any Holy Family School sponsored activity, including athletic events.

I/We hereby agree to hold harmless and indemnify Holy Family School and the Catholic Diocese of Springfield in Illinois, including their employees, volunteers, clergy and religious, from any claims for medical expenses described above.

I/We have read the above agreement and fully understand the terms contained herein, and agree to abide by its terms.

Signature of Legal Parent or Guardian Only

Date

EMAIL INFORMATION 2024-2025

Please fill out the most current information regarding email addresses (parents/guardians only). List only each parent's primary email address. It is the responsibility of the parent to check daily the email that you have submitted.

This information will be implemented in the Gradelink system that allows only a parent or guardian to track their child's academic progress and provides an avenue to send updates concerning school activities. Thank you for your assistance.

Father's Name (print): _____

Email Address (print clearly): _____

Mother's Name (print):

_Email _____

Children enrolled in Holy Family School, Kindergarten through Eighth Grade:

Student's Name (Print) _____ Grade _____

Student's Name (Print) _____ Grade _____

Student's Name (Print) _____ Grade _____

Student's Name (Print) _____ Grade _____

**MEDIA PUBLICITY RELEASE FORM
2024-2025**

FAMILY NAME (print) _____

In order for your child(ren)'s name or photograph to appear on Holy Family's internet sites, the newspaper, in the yearbook, on the radio, or on television in connection to school events during the school year, Holy Family requires that the release form below be signed. These events could include Honor Roll, the names of contest winners, or radio and television promotional events.

Student's Name (Print) _____ Grade _____

Student's Name (Print) _____ Grade _____

Student's Name (Print) _____ Grade _____

Student's Name (Print) _____ Grade _____

CHECK ONLY ONE BOX

I **DO GIVE** MY PERMISSION FOR MY CHILD(REN)'S PHOTOGRAPH OR NAME TO APPEAR ON HOLY FAMILY'S INTERNET SITES, IN THE NEWSPAPER, IN THE YEARBOOK, SOCIAL MEDIA, ON RADIO, OR TELEVISION DURING THE 2024-2025 SCHOOL YEAR.

I **DO NOT GIVE** MY PERMISSION FOR MY CHILD(REN)'S PHOTOGRAPH OR NAME TO APPEAR ON HOLY FAMILY'S INTERNET SITES, IN THE NEWSPAPER, IN THE YEARBOOK, SOCIAL MEDIA, ON RADIO, OR TELEVISION DURING THE 2024-2025 SCHOOL YEAR.

Signature of Parent or Guardian

Date

Print Name of Parent or Guardian

Holy Family School
1900 St. Clair Avenue
Granite City, IL 62040
618-877-5500

Virtus Touching Safety Program 2024-2025

The Virtus Touching Safety Program, an age appropriate component of the Protecting God's Children Program, is taught as part of the Holy Family School curriculum.

I give my permission for my child(ren) to receive this instruction. I understand that I may attend the sessions and will be notified in advance of the scheduled dates.

Student Name (Print)

Grade or Teacher

Student Name (Print)

Grade or Teacher

Student Name (Print)

Grade or Teacher

Student Name (Print)

Grade or Teacher

Parent Signature

Date

Print Parent Name

Holy Family PSA

Dear Parents,

We hope you are enjoying summer vacation. As the 2024-2025 School Year approaches, we would like to re-introduce you to your Holy Family Parish School Association (PSA). The PSA is an organization that provides a vital communication link between the school and your home through meetings held during the evening in the school cafeteria. Meetings consist of greetings from the parish and school administration, announcements of coming events, presentations of special topics by guests, exhibits of student projects, and recognition of student achievements. We encourage everyone interested in their child's education to attend these meetings.

In addition to meetings, the PSA sponsors many activities throughout the school year for students and their families, teachers, and the parish. The PSA has provided help and support for:

Field Trips/Buses	Parish Fish Fry's	Field Day	Book Fair Student
Fund Raisers	Santa's Workshop	Staff Appreciation	Athletic Program
Books	Catholic Schools Week	School Picnic	Trophies and Awards
Classroom Parties	Religious Events	Mayor's Parade Float	

You just read a listing of many of the "extras" provided for your children by the PSA. The money used to provide these "extras" is earned primarily from the Fish Frys during the Lenten Season. The Men's Club and the PSA divide the profit. This project is an excellent example of Holy Family parishioners and school families working together. Your assistance with this project will be greatly appreciated

Return bottom portion to PSA Station

MEMBERSHIP FORM FOR 2024-2025

I (*print*) _____ wish to join the PSA. As a member through this donation, I am proudly helping to sponsor many activities throughout the school year for students and their families. I am submitting my **\$5.00** family membership fee.

My children who will be attending Holy Family School during the 2024-2025 School Year are:

Student's Name: _____ Grade: _____

Student's Name: _____ Grade: _____

Student's Name: _____ Grade: _____

Student's Name: _____ Grade: _____

Fee of \$5.00 submitted and accepted by _____ (Initials)

