



REQUEST FOR SCHOOL RECORDS

TO: _____

Fax #: _____

STUDENT'S NAME _____ DATE OF BIRTH _____

The above named student has enrolled in The St. Anthony School for the _____ school year. Please send this student's educational records, including:

____ Cumulative records

____ Transcripts

____ Standardized testing

____ Psychological testing

____ Health information (immunizations)

____ IEP

____ Date of withdrawal

Please send the above information to The St. Anthony School. I waive my rights to review these records before they are forwarded to this school. Please send the above information to:

The St. Anthony School 2030 Denton Drive Carrollton, Texas 75006

Parent/Guardian _____ Administrator _____

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

If I cannot be reached to make arrangements for emergency medical care for my child at the time of illness or accident, I give my permission for The St. Anthony School staff to take my child to the nearest medical facility for treatment.

Name of Child: _____ Date of Birth: _____

Name of Physician: _____ Physician Telephone: _____

Address of Physician: _____

I give my consent for necessary emergency treatment when my child is in the care of a Physician, hospital, or clinic.

Signature of Parent or Guardian _____

Date _____

Telephone: Home: () _____

Work: () _____

Cell: () _____



FIELD TRIP AUTHORIZATION

I give permission for my child, _____, to go on any and all trips, and participate in any and all activities, along with other students of The St. Anthony School. In consideration of such child being permitted to make such trips, I hereby release The St. Anthony School, its staff and its sponsors, together with any volunteer carrier of such child without compensation, from any and all liability and responsibility in connection with such trips and activities, and hereby release all of said parties from all liability by reason of any accident or injury suffered by said child while on said trips or engaged in such activities.

Signature of Parent/Guardian

Date

PHYSICIANS/THERAPISTS/CONSULTANTS

Student: _____ **Date of Birth:** _____ **Grade:** _____

My child is currently a patient or has recently been a patient of the following Physician/Therapist/Consultant.

Please know that we at St. Anthony's utilize the team approach to student care. A waiver must be signed before contacting professionals.

NEUROLOGIST: _____ Telephone: _____
PSYCHIATRIST: _____ Telephone: _____
PSYCHOLOGIST: _____ Telephone: _____

(Individual Therapy _____; Family Therapy _____; Social Skills Group _____)

OCCUPATIONAL THERAPIST: _____ Telephone: _____
SPEECH THERAPIST: _____ Telephone: _____
EDUCATIONAL CONSULTANT: _____ Telephone: _____

Signature of Parent/Guardian

Date



NOTICE FOR RELEASE/CONSENT TO REQUEST CONFIDENTIAL INFORMATION

___ Request ___ Release

Student's Name: _____ DOB: _____
Campus: _____ Grade: _____ Age: _____

We are asking that you authorize the person or agency named below to release/ to request specified records containing confidential information regarding the above named student.

TO:

Name & Position of Staff Person

Name of School District or Agency

Address

City/State/Zip

FROM:

Name & Position of Staff Person Making Request

Name of School District or Agency

Address

City/State/Zip

Records To Be Released/Requested

Purpose of Disclosure

___ Education Placement ___ Other: _____

___ Comprehensive Individual Assessment Report ___ ARD/IEP ___ Medical Reports ___

Other _____

Check **Yes** only if you agree that the statements are correct. If the statements are not correct, check **No**. If you wish to have more information or if you have any questions, please call **(214) 443-1227** and ask for _____.

___ Yes ___ No I have been fully informed and do understand the school's request for my consent for release of my child's records, as described above. This information will be released upon receipt of my written consent.

___ Yes ___ No I understand that my consent is voluntary and may be revoked in writing at any time before records are sent.

Signature of Parent, Guardian, Surrogate Parent, or Adult Student

Date

Signature of Interpreter, if used

Date



PARENT REQUEST FOR ADMINISTRATION OF MEDICATION

Prescribed medication will be administered by the St. Anthony staff. Medication must be brought to school in the original container appropriately labeled by the pharmacy. Parents may request that the pharmacy dispense two bottles of medication, one for home and one for school.

This information is current until new information is received.

Student _____ Birth Date _____

Condition for which treatment is required:

Name of Medication _____ Dosage _____

Administration instructions (include time of administration):

Precautions, unfavorable reactions:

Date of request _____ Date of termination _____

Physician _____ Telephone _____

Signature of Parent/Guardian

Date

PHYSICAL EXAMINATION

Student _____

Date of Birth _____

Date of Examination _____

I have examined _____ and found him/her to be free of communicable disease.

This child ___ **is** ___ **is not** physically and/or emotionally able to participate in a regular school activity program. This child's educational and/or physical activity program requires the following limitations/modifications:

Results of physical examination:

Physician Signature

BEFORE/AFTER-SCHOOL PROCEDURE

Date: _____

Student's name: _____

Parent's name: _____

Please check the box that pertains to your child:

☐ I will personally pick up my child each day in the carpool line.

☐ My child will carpool with:

☐ My child will drive to and from school each day.

☐ My child will attend the ST. ANTHONY BEFORE/AFTER-SCHOOL PROGRAM. Please specify: (See Parent Handbook for fees.)

☐ WILL ATTEND BEFORE-CARE DAILY

☐ WILL ATTEND AFTER-CARE DAILY

☐ THE FOLLOWING DAYS ONLY: Mon __ Tues __ Wed __ Thurs __ Friday __

☐ Child Care Center pick up:

Name of
Center _____

PLEASE NOTIFY THE ABOVE CENTER OF ANY CHANGES IN YOUR CHILD'S
SCHEDULE (such as HOLIDAYS, ILLNESS, ETC.)

Additional information: _____



PLEASE NOTE: All students must have this form on file in the school office. If there are changes throughout the year, please notify the school office IN WRITING.

OFF CAMPUS RELEASE FORM

As parent or guardian, I give permission for my child, _____, to participate in the following activity:

Description of Activity:	Weekly Trip to Library
Cost of Activity:	None
Place of Activity:	Carrollton Public Library
Date of Activity:	School Year
Method of Transportation:	School Van / Staff Vehicle / Parent Vehicle

For and in consideration of my child's participation in the above activity, I hereby agree to hold harmless The St. Anthony School and its teachers, officers, agents, staff members, and any chaperone from all claims arising out of my child's participation in the above described activity, including transportation to and/or from such activity.

Signature of Parent/Guardian



Date _____

CARPOOL PERMISSION/RELEASE

Student _____ Date of Birth _____

Parent/Guardian _____

Home telephone: _____

Work telephone: _____

Cell #1 _____

Cell #2 _____

My child will be participating in a carpool for arrival and dismissal from school. I, as parent or guardian, give permission for my child, _____, to be released to the following adults:

_____	TX DL #	_____
_____	TX DL #	_____
_____	TX DL #	_____
_____	TX DL #	_____

For and in consideration of my child's participation in the above activity, I hereby agree to hold harmless The St. Anthony School and its teachers, officers, agents, staff members, and any chaperon from all claims arising out of my child's participation in the above described activity, including transportation to and/or from such activity, and including the negligence of any of the above-mentioned persons.

Signature of Parent/Guardian

Date



SCHOOL DIRECTORY AUTHORIZATION

If you would like to be included in the School Directory, please sign below:

We grant permission for the use of our name, address, phone numbers and e-mail address to be printed in The St. Anthony School Directory.

Date: _____

Print Student's Name: _____

Print Parent's Names: _____

Parent's Signature: _____



PHOTO USE AUTHORIZATION

Dear Parents:

We would like to use photos of our students on our school website and in promotional material for The St. Anthony School. Please sign below and return this form if you authorize us to use photos of your child for promotional purposes.

Thank you.

Student's Name: _____ Date: _____

Parent or Guardian Signature: _____

Uniforms

Boys

Navy polo shirts
Forest green polo shirts
Navy pullover sweaters
Forest green pullover sweaters
Navy cardigan sweaters
Forest green cardigan sweaters
Navy sweatshirts
Forest green sweatshirts
Khaki slacks Khaki shorts

Girls

Navy polo shirts
Forest green polo shirts
Navy pullover sweaters
Forest green pullover sweaters
Navy cardigan sweaters
Forest green cardigan sweaters
Navy sweatshirts
Forest green sweatshirts
Khaki slacks
Khaki shorts
Khaki skirts
Khaki capris

There are no strict guidelines for shoes; however, white athletic shoes are recommended.