



2021-2022

St. Lawrence School Registration Packet



113 South 6th Street
Milbank, South Dakota 57252

The Family Educational Rights and Privacy Act (FERPA) affords parents/guardians and students over 18 years of age ("eligible students") certain rights with respect to the student's education records. These rights are:

(1) The right to inspect and review the student's education records within 45 days of the day the School receives a request for access.

Parents/guardians or eligible students should submit to the School principal [or appropriate school official] a written request that identifies the record(s) they wish to inspect. The School official will make arrangements for access and notify the parent/guardian or eligible student of the time and place where the records may be inspected.

(2) The rights to request the amendment of the student's education records that the parent/guardian or eligible student believes are inaccurate.

Parents/guardians or eligible students may ask the School to amend a record that they believe is inaccurate. They should write the School principal [or appropriate official], clearly identify the part of the record they want changed, and specify why it is inaccurate. If the School decides not to amend the record as requested by the parent/guardian or eligible student, the School will notify the parent/guardian or eligible student of the decision and advise them of their right to a hearing regarding the request for amendment. Additional information regarding the hearing procedures will be provided to the parent/guardian or eligible student when notified of the right to a hearing.

(3) The right to consent to disclosures of personally identifiable information contained in the student's education records, except to the extent that FERPA authorizes disclosure without consent.

One exception, which permits disclosure without consent, is disclosure to school officials with legitimate educational interests. A school official is a person employed by the School as an administrator, supervisor, instructor, or support staff member (including health or medical staff and law enforcement unit personnel); a person serving on the School Board; a person or company with whom the School has contracted to perform a special task (such as an attorney, auditor, medical consultant, or therapist); or parent/guardian or student serving on an official committee, such as a disciplinary or grievance committee, or assisting another school official in performing his or her tasks.

A school official has a legitimate educational interest if the official needs to review an education record in order to fulfill his or her professional responsibility.

[Optional] Upon request, the School discloses education records without consent to officials of another school district in which a student seeks or intends to enroll. [NOTE: FERPA requires a school district to make a reasonable attempt to notify the parent or student of the records request unless it states in its annual notification that it intends to forward records on request.]

(4) The right to file complaint with the U.S. Department of Education concerning alleged failures by the *School District* to comply with the requirements of FERPA. The name and address of the Office that administers FERPA are:

Family Policy Compliance Office
U.S. Department of Education
400 Maryland Avenue, SW
Washington, DC 20202-4605

**ST. LAWRENCE SCHOOL TUITION RATES
2021-2022 SCHOOL YEAR**

**KINDERGARTEN--\$1,500
FIRST GRADE--\$1,600
GRADES 2-6--\$1,700
FAMILY CAP--\$3,750
*Non-parish families NO family cap.***

Payments may be made weekly, monthly, quarterly, half-year, or paid in full at the beginning of the school year.

<i>Total</i>	<i>Monthly</i> (After 10% payment, based on 9 additional equal payments)	<i>Quarterly</i> (After 10% payment, based on 4 additional equal payments)	<i>Biannually</i> (After 10% payment based on 2 additional equal payments)
\$1,500.00	\$150.00	\$375.00	\$750.00
\$1,600.00	\$160.00	\$400.00	\$800.00
\$1,700.00	\$170.00	\$425.00	\$850.00
\$3,750.00	\$375.00	\$937.50	\$1,875.00

10% of the tuition is due at the time of registration and tuition payment plans will be determined and signed at this time.

Monthly payments are due on the 15th of each month.

Quarterly payments are due:

**Sept. 15th
Nov. 15th
Jan. 15th
Mar. 15th**

Biannually payments are due Sept. 15th
Jan. 15th

TUITION PAYMENT OPTIONS

10% of the tuition is due to complete registration

Tuition payments are due according to the plan selected at the time of registration. Please select the plan that best fits your family.

_____ PLAN A: One payment due September 15th.

_____ PLAN B: Two equal payments due September 15th and January 15th.

_____ PLAN C: Four equal payments due September 15th, November 15th,
January 15th, March 15th.

_____ PLAN D: Nine payments due the 15th of each month September-May.

_____ PLAN E: Weekly Payments

ALSO ALL CATHOLIC UNITED FINANCIAL RAFFLE TICKETS CHECKED MUST BE RETURNED OR THE AMOUNT WILL BE ADDED TO YOUR TUITION.

Parent's Signature	Date
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2021-2022

<u>Grade</u>	<u>Tuition Amount</u>
Kindergarten	\$1500
First	\$1600
Second-Sixth	\$1700
Family Cap for Parishioners	\$3750
<u>No Family Cap for Non Parishioners</u>	
3 year old Preschool	\$720
4 year old Preschool	\$855

Family Name		Religion
Student(s) Name	Date of Birth	Place of Birth
1		
2		
3		
4		
Mother's Name		Occupation
Address		
Phone #	Work #	Cell#
E-Mail		
Father's Name		Occupation
Address		
Phone #	Work #	Cell#
E-Mail		

Please list the phone number you prefer to be contacted at by the Milbank School District regarding:

Snow Days

Early Dismissal

Emergency Information

Please Print Your Name and Phone Number

May we transfer this information on to the Emergency Contact Card? Yes No

Medical Permission Form

This form is intended to be used to assist the school in the case of any medical treatment or medical emergency involving a student.

St. Lawrence collects the information contained in this form to provide or arrange first aid and other medical treatments for students. The information collected will be held at the school and will be made available to staff of the school and to medical or paramedical staff in the case of an accident or emergency. The information contained in the form is personal information and it will be stored, used and disclosed in accordance with the requirements of the *Privacy Act 1998(Cwth)*. **Parents note that in the absence of a specific Plan standard First Aid will be administered.**

Family Name (Please Print): _____

Name of student(s): _____

Parent/Guardian: _____

Address: _____

Contact Number: _____ Cell Number: _____

Other Contact for Emergency: _____ Contact Number: _____

Relationship to student(s): _____

Name of Student's Doctor: _____ Phone Number: _____

Family Health Plan Carrier: _____ Policy #: _____

Please check if your child suffers from any of the following. If you have more than one child, please write the child's name on the space next to the condition:

	Name of Child:		Name of Child:
<input type="checkbox"/>	Anaphylaxis _____	<input type="checkbox"/>	Headaches _____
<input type="checkbox"/>	Asthma _____	<input type="checkbox"/>	Heart Condition _____
<input type="checkbox"/>	Diabetes _____	<input type="checkbox"/>	Nose Bleeds _____
<input type="checkbox"/>	Epilepsy _____	<input type="checkbox"/>	Seizures _____
<input type="checkbox"/>	Blood Pressure _____	<input type="checkbox"/>	Hay Fever _____
<input type="checkbox"/>	Eczema _____	<input type="checkbox"/>	Reaction to drugs _____
<input type="checkbox"/>	Fainting _____	<input type="checkbox"/>	Sight/Hearing Problems _____
<input type="checkbox"/>	Allergies _____	<input type="checkbox"/>	Other _____
	Please list:		
	_____		_____

If you have checked any of the boxes above, does your child require specific first aid treatment (that is, specific instructions provided by your child's doctor) in addition to standard first aid treatment?

Yes No

If Yes, a General First Aid Plan is to be administered. Please list the instructions below.

NOTE:

I hereby give permission for the school to administer the following OVER-THE-COUNTER MEDICATIONS for the following conditions:

	Bee Sting
	Cuts or Bumps
	Sore Throat or Cough
	Fever or Headache

Here is a list of the OVER-THE-COUNTER medications we offer:

Children's Tylenol	Cough Drops
Ice Packs	Triple Antibiotic Cream

Immunizations Required for School Entry in South Dakota

[South Dakota Codified Law 13-28-7.1](#) requires students entering school or early childhood programs to present certification that they have been adequately immunized, according to the recommendations of the Department of Health. The law applies to all children entering school for the first time, including transfer students.

Minimum immunization requirements are defined as:

1. Four or more doses of **diphtheria, pertussis and tetanus containing vaccine**, with at least one dose administered on or after age 4. Children 7 years and older needing the primary series only need three doses. The first dose of the primary series should be Tdap and the second and third doses should be Td, with at least 6 months between dose two and three. Children receiving six doses before age 4 do not require any additional doses for school requirements. The maximum a child should receive is six doses. If a child 7 years and older has an incomplete DTaP primary series, please contact the Department of Health Immunization Program (1-800-738-2301) for assistance.
2. Four or more doses of **poliovirus vaccine**, at least one dose on or after age 4. *(Although not the recommended schedule - If a child has three doses of polio with the third dose administered on or after the age of 4 and at least 6 months after the second dose, no other doses are required.)*
3. Two doses of a **measles, mumps, and rubella vaccine (MMR) or submit serological evidence of immunity**. Minimum age for the first dose is 12 months. Administer the second dose routinely at age 4 through 6 years. The second dose may be administered prior to age 4 provided at least 28 days have elapsed since the first dose.
4. One dose of **varicella vaccine**. The minimum age for the first dose of varicella (chickenpox) vaccine is 12 months. History of disease is acceptable with parent/guardian signature.
5. The additional immunization requirement for **kindergarten entry only** is two doses of **varicella vaccine**. Administer the second dose at age 4 through 6 years. The minimum interval between the two doses is 3 months. History of disease is acceptable with parent or guardian signature.

NOTE: *Haemophilus Influenzae B*, Hepatitis A, Hepatitis B, and Pneumococcal vaccines are recommended but not required.

Contact the South Dakota Department of Health, Immunization Program, at 1-800-592-1861 (in SD only), or [email](#) with your questions.

- Check this [schedule](#) from the [Centers for Disease Control and Prevention](#) for a complete listing of recommended immunizations.

Vaccines	18 mos	19-23 mos	2-3 yrs	4-6 yrs	7-10 yrs	11-12 yrs	13-15 yrs	16-18 yrs
Diphtheria, tetanus, & acellular pertussis³(DTaP: <7 yrs)	4 th dose			5 th dose				
Inactivated poliovirus⁷ (IPV)(<18 yrs)	3 rd dose.			4 th dose				
Measles, mumps, rubella⁹ (MMR)				2 nd dose				
Varicella¹⁰ (VAR)				2 nd dose				



Student Internet Protection Policy

Internet access is limited to educational purposes. The Diocese has the right to place restriction on the use to fulfill its purpose. All users have limited privacy expectations on the district system. Individual school discipline policies are enacted for:

- Inappropriate use of email
- Illegal activities conducted over the internet
- Use of inappropriate language over the internet
- Plagiarizing works or breaking copyright over the system
- Not protecting security systems, such as passwords
- Excessive use of the Diocesan internet system

Appropriate software has been installed to monitor use and curtail inappropriate use of internet by students.

Each school at orientation and at conference time offer information to parents regarding internet safety.

The IT personnel resources and alerts the school on all the necessary precautions at regular intervals.

Websense Internet Filtering Software is used to block or filter internet, or other forms of electronic communications, access to inappropriate information.

Student Acceptable Use Policy

General Guidelines

- Students will have access to all available forms of electronic media and communication that is in support of education and research and in support of the educational goals and objectives of the Diocese of Sioux Falls.
- Students are responsible for their ethical and educational use of the technology resources of the Diocese.
- Access to the Diocesan technology resources is a privilege and not a right. Each employee, student and/or parent will be required to follow the Diocesan Acceptable Use Policy.
- Transmission of any material that is in violation of any federal or state law is prohibited. This includes, but is not limited to the following: confidential information, copyrighted material, threatening or obscene material, and computer viruses.
- Any attempt to alter data, the configuration of a laptop, or files of another user, with the consent of the individual, administrator or technology coordinator, will be considered an act of vandalism and subject to disciplinary action.

Privacy and Safety

Students will follow the following privacy and safety guidelines in addition to those identified in the Diocesan Student Internet Protection Policy.

- Do not go into chat rooms or send chain letters.
- Do not open, use, or change computer files that do not belong to you.
- Do not reveal your full name, phone number, home address, social security number, credit card numbers, password, or passwords of other people
- Remember that storage is not guaranteed to be private or confidential.
- If you inadvertently access a website that contains obscene, pornographic or otherwise offensive material, notify a teacher, principal or technology coordinator immediately so that such sites can be blocked from further access. This is not merely a request; it is a responsibility.

Legal Propriety

- Comply with trademark and copyright laws and all license agreements. Ignorance of the law is not immunity. If you are unsure, ask a teacher or parent.
- Plagiarism is unethical and illegal. Give credit to all sources used, whether quoted or summarized. This includes all forms of media on the Internet, such as graphics, movies, music and text.
- Use or possession of hacking software is strictly prohibited and violators will be subject to disciplinary action. Violation of applicable state or federal law, including the South Dakota Penal Code, computer crimes, will result in criminal prosecution or disciplinary action by the school.

Email

Students will have access to specific course email accounts through WebCt. These guidelines should be followed for use of email accounts.

- Always use appropriate language.
- Do not transmit language/material that is profane, obscene, abusive, or offensive to others.
- Do not send mass emails, chain letters or spam.
- Maintain high integrity with regard to email content.
- No private chatting during class.
- Email accounts are subject to inspection by the school and state.

Consequences

The student in whose name a system account and/or laptop is issued will be responsible at all times for its appropriate use. Non-compliance with the policies of the Diocese will result in disciplinary action as outlined in the Diocesan Acceptable Use Policy.

Electronic mail, network usage, and all stored files shall not be considered confidential and may be monitored at any time by designated school staff to ensure appropriate use.

The school cooperates fully with local, state and federal officials in any investigation concerning or relating to violations of computer crime laws. Contents of email and network communications are governed by the South Dakota Open Records Act; proper authorities will be given access to their content.

Acceptable Internet Use Policy Agreement

Student: My signature below, and that of my parent(s)/guardian(s) means that I agree to follow the guidelines of this Acceptable Use Policy as stated in the Student Handbook for Internet Access and Computer Use.

Student Name: (Print Name) _____

Student Signature: _____ **Date:** _____

Student Name: (Print Name) _____

Student Signature: _____ **Date:** _____

Student Name: (Print Name) _____

Student Signature: _____ **Date:** _____

Parents and Guardians: You must review the St. Lawrence School Acceptable Use Policy with your child(ren) and sign this Student Access Contract.

I hereby release St. Lawrence School, St. Lawrence Parish and the Diocese of Sioux Falls, Its personnel and all other institutions with which they may be affiliated, from any and all claims and damages of any nature arising from my child's use of or inability to use the computer resources of the St. Lawrence School, including without limitation: *Internet access, including but not limited to claims that may arise from the unauthorized use of such resources to purchase products or services.*

I have reviewed the Acceptable Use Policy with my Child. I will instruct my child regarding compliance with the Policy as well as any additional restrictions that I may impose.

- As the parent or guardian of this student, I have read the Acceptable Use Policy. I hereby give permission for my child to use the St. Lawrence School computer resources and Internet access.
- I understand that my child has agreed not to access inappropriate material on the Internet.
- I also understand and agree that the St. Lawrence School may monitor my child's use of computer resources, including without limitation e-mail and Internet activity and that violation of St. Lawrence School policy is grounds for punishment.

Parent/Guardian Name: (Print name) _____

Parent/Guardian Signature: _____ **Date:** _____

Parent's e-mail address: _____



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 Milbank, South Dakota 57252

Transportation

We ask that you fill out the mode of transportation that your child(ren) will use at school arrival(s) and dismissal(s).

These are subject to change due to inclement weather or at the discretion of school administration.

Please mark the modes of transportation for arrival(s) and dismissal(s) that you would like to specify per season.

	Fall	Winter	Spring
Car			
Bus (Please Specify Bus To High School or Lions)			
Walker			
Bike			

*NOTE: For any change in status for school departures, it is school policy that a note or phone call **MUST** be provided 30 minutes before school dismissal.*

I have read, completed and understand the policy of dismissal transportation.

Please Print Family Name

Parent Signature Date

Diocese of Sioux Falls Parental Covenant

Since as parents we are the primary educator of our children, we will participate in the education of our children by:

- ...promoting positive attitudes toward school at home and in the community
- ...bringing concerns about our child directly to the teacher
- ...showing respect for the teacher as a professional person working for the well-being of our child
- ...following the policies of the school
- ...attending Mass on weekends and holy days with our children
- ...participating in the sacramental life of the church regularly
- ...promoting family prayer and faith traditions at home
- ...volunteering and giving service to the school and parish
- ...witnessing gospel values in our everyday life

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date



113 6th Street

Milbank, South Dakota 57252

Dear Parent,

We will be taking photographs of St. Lawrence students throughout the year.

St. Lawrence School would like your permission to use any images taken of your child in various publications and promotional materials.

Please check the appropriate boxes in regards to the photographs of your child/children to be used in the following:

	Yes	No
In School Use:		
Newsletters, Displays, Gala, etc.		
Internet Pages		
informational leaflets		
press releases		

Name of child/children _____

School _____

School Year _____

Your Name (Print) _____

Signature _____

Date ____/____/____

_____ I do not wish to have my child's/children's picture taken in any format.

Name of child/children not to be photographed

Your Name (Print) _____

Signature _____

Date ____/____/____

Volunteer Information Form

Name: _____

Last

First

Middle Initial

Address: _____

Address

City

State/Zip

Phone (day) _____

When to call _____

Phone (evening) _____

When to call _____

Occupation _____

Employer _____

1. Do you use illegal drugs?

Yes

No

2. Have you even been convicted of a criminal offense?

Yes

No

3. Have you even been charged with abuse, neglect or assault?

Yes

No

4. Has your driver's license ever been suspended or revoked in any state?

Yes

No

List a non-family reference: _____

Relationship: _____

Address/Phone: _____

In the event of an emergency, contact: _____

Relationship: _____

Address/Phone: _____

PLEASE READ BEFORE SIGNING: I understand that:

- The information I have provided may be verified, and I give permission to St. Lawrence to make inquiries required concerning my suitability to act as a volunteer;
- In the course of volunteering for the SFCS, I may be dealing with confidential information and I agree to keep said information in the strictest confidence;
- The relationship between the SFCS and volunteers is an "at will" arrangement, and that it may end at any time without cause by either the volunteer or the SFCS.

I affirm the accuracy of this information and give permission for all of the above.

Signed _____ **Date:** _____

ID Verification # (Drivers' License): _____

ST. LAWRENCE SCHOOL
SCHOOL SUPPLY LIST
Please Label All Items

ALL STUDENTS NEED A PAIR OF ATHLETIC SHOES FOR P.E. PLEASE NO BLACK SOLES
ALL STUDENT IN THESE GRADES WILL NEED AN ASSIGNMENT NOTEBOOK TO BE PURCHASED
AT SCHOOL

GRADE 4

2 reams of copy paper
8 #2 pencils or mechanical pencils
1 Pencil box
1 box of crayons; 48 or less!
1 large pack of markers
5 glue sticks
2 red pens
1 bottles of Elmer's glue
1 ruler (*ONE SIDE METRIC*) NO flexible rulers
1 set of water paints
7 pocket folders
1 pointed Fiskars scissors
2 soft erasers
1 pkg. of colored pencils
2 large boxes of Kleenex
1 pack of post-it flags
1 hand held pencil sharpener (No electric)
Ear buds or headphones for computer
1 stick of deodorant to keep at school
No aerosol sprays

GRADE 5

2 reams of copy paper
8 #2 pencils or mechanical pencils
1 box of crayons
1 pkg. of markers
1 bottle of Elmer's glue
3 glue stick
1 soft pencil case/no hard ones
1 hand held pencil sharpener
1 single subject notebook
2 Loose-leaf paper, college ruled
1 pointed Fiskars scissors
1 old sock
1 pkg. Expo fine tip marker, odorless
1 soft eraser
1 pkg. colored pencils
1 large box of Kleenex
Water color paints
Ear buds or headphones for computer
1 stick of deodorant to keep at school
No aerosol sprays

GRADE 6

1 Expo marker, odorless
#2 pencils or mechanical pencils
1 box of crayons
1 pointed Fiskars scissors
1 glue stick or Elmer's Glue
3 loose-leaf paper; college ruled
2 reams of copy paper
lead for mechanical pencils
Ear buds or headphones for computer

2 large boxes of Kleenex
blue and red pens
1 pkg. markers; not fine tip
1 soft eraser
1 ruler (one side metric)
7 pocket folders
1 wipe-off board eraser
USB Flash drive

SCHOOL SUPPLY LIST

Please Label All Items

ALL STUDENTS NEED A PAIR OF ATHLETIC SHOES FOR P.E. PLEASE NO BLACK SOLES

ALL STUDENTS NEED TO BRING TWO REAMS OF COPY PAPER.

GRADE 1

1 box of 24 crayons
1 bottle of Elmer's School Glue
10 # 2 yellow painted pencils
2 large boxes of Kleenex
1 school bag
1 big, soft eraser
1 box of washable markers
1 old sock or dry erase eraser
6 small glue sticks
2 Expo markers, unscented
1 box of watercolor paints
1 pointed Fiskars scissors
2 Pencil boxes
Head phones for computer

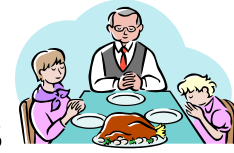
GRADE 2

1 box of crayons 48 or less
1 Expo marker, unscented
1 old sock or dry erase eraser
10 #2 yellow painted pencils
1 wide line notebooks
1 pencil box
2 large boxes of Kleenex
1 school bag
2 pocket folders
1 big, soft eraser
1 box of washable markers
6 small glue stick
1 bottles of Elmer's School Glue
1 box of watercolor paints
1 pointed Fiskar's scissors
Ear buds or headphones for computer

GRADE 3

One assignment notebook to be purchased from school

1 box of crayons	10 # 2 pencils
3 wide line notebooks	1 pencil box
2 large boxes of Kleenex	5 pocket folders
1 school bag	1 box of washable markers
1 large soft eraser	1 bottle of Elmer's glue
2 small glue sticks	1 Fiskars scissors
1 box of watercolor paints	3 Expo markers, unscented
1 old sock or dry erase eraser	1 12inch ruler
1 box of multiplication flashcards	1 box of division flashcards
Ear buds or headphones for Chromebooks	



Ten Resolutions for Parents

for the School Year

1. We will pray with our children and make sure that they get enough sleep.
2. We will get our children to school on time.
3. We will eat breakfast or dinner at a table with our family at least once a day, with no TV, no books, no spelling words, just pleasant conversation.
4. We will not rescue our children by bringing the homework they have forgotten.
5. We will not threaten the other kid, the “bad kid”, but will let our children fight their own battles, as long as they are not truly in danger.
6. We will believe: Our children’s homework is OUR CHILDREN’S homework. We will believe: They can, and should, do it on their own.
7. We will not be annoyed by the grade parent who calls us at the last minute and wants 24 cupcakes for tomorrow. In fact, we will be the grade parents, or her/his assistant, because even though we don’t have the time, we realize no one else does either.
8. We will go on one field trip with the class, or lead one special activity, or volunteer to read, or somehow help our children’s teachers, because they are our allies and they must remain strong.
9. We will really know our children’s friends.
10. We will not say “Not now” to our children without thinking first “Why not now?”, and we will tell our children they are loved.

