



ALL SAINTS CATHOLIC SCHOOL

Family and Emergency Information 2019 - 2020

All Saints Catholic School provides quality Catholic education in a safe environment where Jesus Christ is the model for the spiritual, academic, and personal growth of each unique student.

WE ARE ONE + WE ARE ALL SAINTS

PLEASE PRINT CLEARLY – SEPARATE FORMS MUST BE COMPLETED FOR EACH CHILD ENROLLED.

STUDENT'S NAME _____ GRADE _____ DOB _____

PERMISSION TO TREAT STATEMENT

In case of accident or serious illness, and I am unable to be contacted, the school will call the physician on school record for my child and will follow his instructions. If it is impossible to contact the physician, the school will make whatever arrangements deemed necessary.

 Signed: _____ Date _____

MEDICAL INFORMATION STATEMENT

I give permission for the school nurse to share pertinent medical information with the school staff.






 Signed: _____ Date _____

EXTENDED CARE

I understand that for my child's overall safety, she/he will be sent to Extended Care should I or the properly designated party fail to pick him/her up at dismissal or the end of another ASCS supervised activity. I agree to payment for this program as described in the ASCS Parent and Student Handbook.

VERIFICATION OF CONTACT/EMERGENCY INFORMATION /AUTHORIZATION TO PICK UP

On FACTS SIS Parentsweb (*formerly Renweb*) review information & update, then INITIAL to verify that you have reviewed and corrected the following on FACTS SIS for the student named above:

-  _____ Student Demographic Form
-  _____ Student Medical Form
-  _____ Custodial Parent Form - for each custodial parent
-  _____ Emergency Contact Form
-  _____ Transportation Form/Authorized Pick-up

All Family Information, Emergency Information and Pick Up Authorization

MUST be verified and corrected on FACTS SIS.


Log into your account, and go to **FAMILY – Family Home – Family Demographic Forms**

Need assistance?

Contact Mrs. Massoud at ASCS (508-995-3696) or email smassoud@ascs.dfrcs.org

PLEASE PRINT THIS FORM, COMPLETE, AND RETURN TO ASCS BY AUGUST 15, 2019

I understand the policies of ASCS listed above and affirm that all information is true and complete. I have accessed and reviewed the ASCS School Opening Information (emailed & on ascsnb.org)

 Parent/Guardian
Signature: _____ Date: _____

 Parent/Guardian
Signature: _____ Date: _____