



Child Name: _____

Commitment to Education

I, the parent/guardian, understand that, upon registering my child at Saint Martin of Tours Catholic School, we take on the inherent responsibilities regarding all policies, procedures, and aspects of the code of conduct, classroom instruction as well as the completion of assignment sent forth by the Independence Mission Schools and Saint Martin of Tours Catholic School

Certificate of Individual Request for Loan of Textbooks

I hereby request of the Secretary of Education of the Commonwealth of Pennsylvania, the loan of textbooks and instructional materials in accordance with Act 195 (1972), Act 88 (1975), and Act 90 (1975) for my child attending Saint Martin of Tours Catholic School

Photo Release

I hereby give the Independence Mission Schools, its successors and assigns and those acting with its authority, the unqualified right and permission to reproduce, copyright, publish, circulate or otherwise use any school pictures of my child produced by the Independence Mission Schools. This authorization and release covers the use of said school pictures in any published form and any media for advertising. I also understand that our school may be identified by name and I fully understand that this is a complete release of all claims against Independence Mission Schools or any other person, firm, or corporation by reason of any such use of such school pictures. I hereby warrant that I am free to give this permission. I further warrant that the information I have provided is, to the best of my knowledge, true and accurate.

Admission of Non-Catholic Student

It is my wish that my child attend St. Martin of Tours School. I understand that my child is obligated to attend classes in Religion and fulfill the requirements for this subject; also to attend all religious functions offered as part of the school program. I assume the obligation to pay the specified tuition and school fees and agree to support the philosophy, goals, objectives, and regulations of the school.

Fundraisers

We would like to bring to your attention the responsibility you will have to participate in school based fundraisers. It is our school's responsibility to help fund your child's education and support the school budget. The fall candy sale is the only mandatory fundraiser. Your help in other activities would be appreciated.

Parental Responsibility

Saint Martin of Tours School is a safe and peaceful environment. We uphold our Catholic Identity, traditions, and values. We teach our students to be respectful in words and actions. Any form of violence is unacceptable. As a parent/guardian of a student here, we pledge to accept the responsibility to foster the spirit of the environment of the school. We will cooperate with the administration, teachers, and staff. Students must arrive on time for school and be prepared for the school day by studying and completing all assignments. Parent/guardian involvement is of utmost importance for the success of the student. Your signature signifies your acceptance of the above policies and your willingness to cooperate.

Pre- K 3 & Pre- K 4

Students need to be fully potty-trained and three/four years old before September 1st to enter the Pre-K 3 & Pre-K 4 program.

I have read, understand, and agree to all policies and responsibilities listed above.

PARENT SIGNATURE

DATE

Sacramental Policy

It is the policy of Saint Martin of Tours Catholic School that students receive two years of religious instruction before they are permitted to be a candidate for any Sacrament. Proof of this religious instruction must be provided to show that a child was in a Religious Prep Program or attended another Catholic elementary school.

We ask that you complete this form if you wish your child to receive one of the Sacraments of Initiation.

Name of Student: _____

Grade in 2018/2019: _____

Parish: _____

Received the following Sacraments:

Sacrament	Date	Church	Certificate on File:
Baptism			Yes / No
First Penance			Yes / No
First Eucharist			Yes / No
Confirmation			Yes / No

Sacraments Needed: _____

Signature of Parent _____

Date _____



St. Martin of Tours
CATHOLIC SCHOOL
An Independence Mission School

Request for School Records

Name of School: _____

Address of School: _____

City, State, Zip Code: _____

Student's Name: _____

Date of Birth: _____

Enrolled on _____ in St. Martin of Tours School for grade _____ for 18-19 school year.

Has your child ever had a psychological evaluation? Yes No

If yes, Name of Agency: _____

Please send all school records including health records, disciplinary records, standardized testing, scholastic grades, attendance, academic portfolios, psychological evaluations, and any other information you deem available to us.

Please send all records to:
St Martin of Tours School
5701 Loretto Avenue
Philadelphia, PA 19124

I hereby authorize the release of my child's school records to the above school (and the agency to release all psychological test results and recommendations)

PARENT SIGNATURE

DATE