

**St. Bernadette School  
Bus Transportation Information**

Parent/Guardian Names \_\_\_\_\_

Home Address \_\_\_\_\_

City and Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Student's Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Gr. \_\_\_\_\_

Student's Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Gr. \_\_\_\_\_

Student's Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Gr. \_\_\_\_\_

Student's Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Gr. \_\_\_\_\_

Student's Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Gr. \_\_\_\_\_

**PLEASE INDICATE WHICH PUBLIC SCHOOL YOUR CHILD(REN) WOULD  
ATTEND IF NOT AT ST. BERNADETTE:**

**(This Information Is Needed Whether You Are Or Are Not Requesting Transportation)**

- |                                  |                          |                          |
|----------------------------------|--------------------------|--------------------------|
| _____ Summerside Elem.           | _____ Amelia Elem.       | _____ WC Middle          |
| _____ Clough Elem.               | _____ Holly Hill Elem.   |                          |
| _____ Merwin Elem.               | _____ Brantner Elem.     |                          |
| _____ Withamsville-Tobasco Elem. | _____ Willowville Elem.  |                          |
| _____ Monroe Elem.               | _____ Bick Primary       | _____ Batavia Elem.      |
| _____ Locust Corner Elem.        | _____ Hill Intermediate  | _____ Batavia Middle     |
| _____ New Richmond Elem.         | _____ Bethel-Tate Middle |                          |
| _____ New Richmond Middle        | _____ Felicity Elem      | _____ Williamsburg Elem. |

\_\_\_\_\_ Other (please indicate) \_\_\_\_\_

\_\_\_\_\_ I am requesting bus transportation for my child(ren).

**Please indicate when your child(ren) need transportation.**

\_\_\_\_\_ a.m. & p.m. \_\_\_\_\_ a.m. only \_\_\_\_\_ p.m. only

\_\_\_\_\_ I **am not** requesting bus transportation for my child(ren)

**SPECIAL TRANSPORTATION REQUEST FORMS FOR WEST CLERMONT ONLY**

If transportation to an address other than home address is needed for childcare services for either A.M. pick-up or P.M. drop-off a **Special Transportation Request Form** must be requested from the transportation department (752-4020) and approved by them. (Please allow three days for this change).

**Please note:** Public transportation will only be provided within the school district in which you reside. The school district will not provide transportation to addresses outside of that district.



# ESSENTIAL INFORMATION AND PERMISSIONS

## CONTACT INFORMATION

Family Name \_\_\_\_\_ (please print) Home Phone \_\_\_\_\_

House Address \_\_\_\_\_  
Number and Street City Zip Code

Student Name	Grade	Name of <b>Public School</b> (specific campus, please)

Father's Name \_\_\_\_\_ Cell \_\_\_\_\_

Place of Work \_\_\_\_\_ Work \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell \_\_\_\_\_

Place of Work \_\_\_\_\_ Work \_\_\_\_\_

### **Please contact either of the following if I cannot be reached at the above phone numbers:**

1) Name \_\_\_\_\_ Relationship to child \_\_\_\_\_  
Phone \_\_\_\_\_ Cell \_\_\_\_\_

2) Name \_\_\_\_\_ Relationship to child \_\_\_\_\_  
Phone \_\_\_\_\_ Cell \_\_\_\_\_

## FAMILY INFORMATION

The child's parents are:  married  separated\*  divorced\*  mother deceased  father deceased

The child lives with:  both parents  mother  father  stepmother  stepfather

If the child resides in two households\*, indicate the parent(s) of the primary residence: \_\_\_\_\_

I am the legal guardian of this child\*

I have legal custody of this child\*

My child is a foster child\*

Other: \_\_\_\_\_

*\* In the case of separation, divorce, other legal custody or guardianship, or court appointment, a copy of the pages of the decree relevant to the residence of the child, visitation rights, contact in case of medical emergency and approval of school placement must be on file with the Principal.*

### Permission to publish photographs:

I grant  I do not grant permission for the publication of my child's picture and name in the newspaper.

I grant  I do not grant permission for my child's picture, not disclosing the child's name, to appear on school related web sites and for my child being videotaped for school or newsworthy purposes for television.

Parent/ Guardian Name (please print) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

## ST. BERNADETTE SCHOOL DIRECTORY INFORMATION FORM

Please provide your information for inclusion in the St. Bernadette School directory. The directory will be distributed to all school families. If you do NOT wish to have some or all of the following information published in this directory, please leave blank.

Sample entry in the directory:

*Jones, Sarah*

*1111 Street Address*

*513-999-999*

*Dad/Mom Jones*

*Amelia, OH 45102*

*email@fuse.net*

PARENT NAMES \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_

MOM'S CELL \_\_\_\_\_ DAD'S CELL \_\_\_\_\_

MOM'S E-MAIL \_\_\_\_\_

DAD'S E-MAIL \_\_\_\_\_

STUDENT NAME \_\_\_\_\_ GRADE \_\_\_\_\_

\_\_\_\_\_ GRADE \_\_\_\_\_

\_\_\_\_\_ GRADE \_\_\_\_\_

If you would like to include additional emails or phone numbers, you may write them in below and we will include them as space permits. Please label them as Mom's cell, Dad's cell, etc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If there is a second household for your child(ren), please provide that information (parent names, address, phone and email) if you would like it to be included in the directory:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that the information that I have provided above will appear in the 2018-2019 St. Bernadette School Directory.

Parent Signature: \_\_\_\_\_



# St. Bernadette School Volunteer Form

Please check the areas below that you would like to get involved with our school. Thank you for your contribution!

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Parent/Guardian's Name Virtus Trained?

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Parent/Guardian's Name Virtus Trained?

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Phone Email Best way to reach you

---

Child Grade Child Grade Child Grade

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Special Talent/Area of Interest or other way that you would like to help?

## ANYONE THAT VOLUNTEERS WITH CHILDREN, MUST BE VIRTUS TRAINED

### ST. BERNADETTE VOLUNTEER OPPORTUNITIES

#### During School:

- Library volunteer (as little as 20 minutes)
- Help in the cafeteria (approximately 12:00 – 1:00)
- Morning K-2 recess duty (10:00 - 10:30)
- Afternoon (all school) recess duty (11:50 – 1:30)

#### Outside of the school day:

- Classroom Coordinator for your student's class (next school year)
- Decorating (for school concerts, open house, etc.)
- Book Fair (once a year, in October, you can choose the time – mostly after school)
- Marketing
- Printing flyers, posters, signs, etc.
- Designing flyers, posters, etc. for school events
- Run a social event for the school such as Father Daughter Dance, Mom's Night Out, or something new
- Work at events for the school (usually an evening or weekend day)
- Help with various events by sending in items such as 2-liters, bottled water, snacks, etc. depending on the event
- Baking or cooking (circle one, if you have a preference)
- Assisting with Social Networking
- Publicity – photograph events, etc.

#### Athletic Programs (Boosters):

- Coaching
- Help with organizing and operating athletic programs
- Maintaining/dragging ballfields

Please contact Kelly Brokamp at [kellybrokamp@gmail.com](mailto:kellybrokamp@gmail.com), with any questions or to discuss additional involvement.

## ST. BERNADETTE SCHOOL EMERGENCY MEDICAL AUTHORIZATION

*PURPOSE: To enable parents/guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parent/guardian cannot be reached.*

Student Name \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade \_\_\_\_\_

Street Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Cell \_\_\_\_\_ Other \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Cell \_\_\_\_\_ Other \_\_\_\_\_

### MEDICAL INFORMATION Required by ALL

- List any of the child's educational, medical or psychological diagnoses (e.g. ADHD, ASD, asthma, epilepsy, OCD, PDD, respiratory or urinary problems, etc.): \_\_\_\_\_
- List any allergies: \_\_\_\_\_
- List medication(s) taken at home or school: \_\_\_\_\_
- My child wears corrective lenses for classwork.     NO     YES

(Optional) In the event your child is taken to the hospital, insurance policy numbers assist in the identification or matching of medical records. Please indicate the following:

Insurance carrier \_\_\_\_\_ Policy # \_\_\_\_\_ Group # \_\_\_\_\_

**\*\*\* Part 1 OR Part 2 must be completed. \*\*\***

#### PART 1 - CONSENT

In the event reasonable attempts to contact me at the above phone numbers have been unsuccessful, I hereby consent for:

1. The administration of any treatment deemed necessary by:

Dr. \_\_\_\_\_ Phone # \_\_\_\_\_ (preferred physician) or by

Dr. \_\_\_\_\_ Phone # \_\_\_\_\_ (preferred dentist),

or in the event the assigned preferred practitioner is not available, by another licensed physician or dentist and

2. The transfer of the child to \_\_\_\_\_ or any hospital reasonably accessible.  
(preferred hospital)

This authorization does not cover major surgery unless the medical opinion of two other licensed physicians or dentists, concurring in the necessity for such surgery are obtained prior to the performance of such surgery.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

#### PART 2 - REFUSAL TO CONSENT

**O  
R**

I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take **NO ACTION**, or to \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date