



ST. MARY'S CATHOLIC SCHOOL

NEW STUDENT REGISTRATION 2024-2025

1101 E. 5th Street, Natchitoches, LA 71457 318-352-8394 • Fax: 318-352-5798 www.smstigers.org

The mission of St. Mary's is to provide religious formation, based on the traditions and teachings of the Catholic Church. Credentialed and caring faculty and staff are dedicated to the promotion of academic excellence, while modeling Catholic Christian values and teachings and Gospel of Jesus Christ. *St. Mary's School admits students of any sex, race, color, national or ethnic origin, and awards all the rights, privileges, programs and activities accorded to any student of the school. St. Mary's does not discriminate on any national, ethnic or religious basis in the administration of the school's educational policies, financial aid, athletics or any school-administered activity.* St. Mary's Catholic School is accredited by the Southern Association of Colleges and Schools and is a ministry of the Minor Basilica of the Immaculate Conception Church of Natchitoches. The school's enrollment consists of students in preschool through 12th grade.

NEW STUDENT REGISTRATION

BEGINS March 15, 2024– Register before May 31 to secure enrollment and avoid wait lists

NEW STUDENT REQUIREMENTS

Required documents provided for each student prior to registration.

- _____ Tuition Worksheet (one per family)
- _____ Registration fee of **\$275 per child/non-refundable**
- _____ Student Information (per child) with signatures
- _____ Loan Information (if choosing Loan Option)
- _____ Copy of child's Baptismal Certificate – if Catholic
- _____ Copy of social security card per child
- _____ Copy of birth certificate per child
- _____ Up-to-date immunization records with valid expiration date per child
- _____ Discipline Record of each child
- _____ School Records (if transferring) per child
- _____ Separated/divorced parents - latest custody papers
- _____ Consent forms per child

Acceptance or denial of enrollment will be confirmed by e-mail.

PRESCHOOL AGE REQUIREMENTS

- Students entering Preschool must be toilet trained and 3 or 4-years of age on or before September 30.

KINDERGARTEN AGE REQUIREMENTS

- Students entering Kindergarten must be 5-years of age on or before September 30.

FIRST GRADE AGE REQUIREMENTS

- Students entering first grade must be 6-years of age on or before September 30.



TUITION OPTIONS DEFINED

OPTION EXPLANATION	NEW STUDENTS/RETURNING STUDENTS
<u>Payment in full by check/money-order/ online with credit card ~ NO CASH</u>	<u>New Students, Due the first week of August, 2024</u> Returning Students, due by June 1, 2024
<u>Loan</u> Tuition loans for St. Mary's families are serviced by the Bank of Montgomery of Natchitoches. Each loan is financed at 4.5% You have the option of a 10 or a 12-month term	<u>Loan information must be signed at Bank of Montgomery by June 15th for a 10-month term and April 28th for a 12-month term. Special arrangements are made for new students registering after June 15. Loan information should be brought to the school prior to signing. Loan must be paid in full-even if student withdraws</u>
<u>Partial payment/Loan Combination</u>	See loan information above. Partial payment must be received prior to signing loan.
<u>1/2 & 1/2</u>	<u>1st half due June 1st.</u> \$50 fee per child added to 1 st half <u>2nd half due Jan. 30</u> Must be paid-even if student withdraws during the year



ST. MARY'S CATHOLIC SCHOOL

TUITION DEFINED 2024-2025

PARENTS MAY KEEP THIS PAGE FOR REFERENCE

TUITION SCALE

Catholic Student		Non-Catholic Student
*P3 & P4 \$4,700	each child	P3 & P4 \$5,200
K-12th	CHILD	K-12th
\$5,200	1st child	\$5,700
\$4,700	2 nd child	\$5,200
\$4,200	3 rd child	\$4,700
\$3,700	4 th child +	\$4,200

REGISTRATION FEES

Registration	Amount	Date Due
Returning Students	\$200 per student \$300 per student	Feb 1 - Mar.15, 2024 After Mar. 15, 2024
New Students	\$275 per student	Begins March 15, 2024

*P3 & P4 - Reduced tech fee + supplies + yearbook fee + PTO fee
Optional After School Care (3:00-5:15 M-F) - \$25 registration fee
(no monthly attendance charge thereafter)

TUITION ASSISTANCE

St. Mary's is excited to offer (2) scholarships for new qualifying families, based on total family income and household size. Each scholarship offers a **limited number** of applications.

- ACE-Maximum amounts for the 2024-25 school year are approximately \$4200 per year for K-8th and \$4500 for 9-12th
- ARETE works with TADS to process applications. Maximum award amounts for the 2024-25 school year are approximately \$4350 for grades K-8th and \$4900 for 9-12th
- Families are responsible for working out payment plan with the school for the remaining tuition
- Application opens March 1st - April 30th. Families must reapply each year,

To apply go to: www.smstigers.org >admissions > financial aid.. Scroll down to the ACE or ARETE tab. Check the guidelines to see if you qualify. Complete and submit your application.

For more information concerning tuition assistance please contact the Registrar.

UNIFORMS

All students, K through 12th grade are required to wear the official St. Mary's uniform. For policy please visit www.smstigers.org. This year SMS will be using [Posey's in Natchitoches](#) for all uniform needs.

EXPLANATION OF REQUIRED FEES FOR K-12th

FEE	AMOUNT	FEE PAID BY	PURPOSE OF FEE
Operations	\$800	K-12 / family	Building repairs, emergencies and day-to-day operations
Yearbook	\$60	PK-12 / family	Publishing costs of yearbooks
PTO	\$5	PK-12 / child	Cover costs of PTO activities
Technology Student Athletics Diocesan Fees	PK \$200 K-12 \$400	Per child	All instructional technology needs of the school. Admittance to all home regular season sporting events Diocesan insurance costs
Basic School Supplies	PK-6 \$60	PK - 6 / child	Supplies for each classroom purchased by the school.
Testing	\$35 \$50	1-10th 11th	Testing associated with Terra Nova (1-7) Pre ACT(8-10) National ACT Test administered at St. Mary's *new*
Senior/Graduation	\$200	Seniors	Graduation/Baccalaureate expenses



ST. MARY'S CATHOLIC SCHOOL

REGISTRATION TUITION WORKSHEET 2024-2025

Family Name _____ Circle ONE: Catholic / Non-Catholic

Last Name, First Name (responsible for tuition) _____ Email _____

REGISTRATION FEE: \$ _____ Payment Type: _____ Date: _____ Circle ONE: New / Returning

TUITION CALCULATOR (see Pg 2)

CHILDREN'S NAMES Oldest to Youngest	2024/25 Grade	TUITION Rate
		\$
		\$
		\$
		\$
TUITION SUBTOTAL		\$

FEE CALCULATOR

FEE	Cost	Quantity	FEE Rate
OPERATIONS (K-12)	\$800.00	1 PER FAMILY	\$
Yearbook (PK-12)	\$60.00	1 PER FAMILY OR ____ x \$60	\$
PTO (PK-12)	\$5.00	\$5 X ____ (per child)	\$
Technology, Student Athletic Pass, Diocesan Fees (PK-12)	PK \$200 K-12 \$400	X ____ (per child)	\$
Basic school supplies (PK-6)	PK-6 \$60.00	X ____ (per child)	\$
TESTING (1-11)	\$35.00	X ____ (per 1 - 11 child)	\$
GRADUATION (Seniors)	\$200.00	X ____ (per Senior)	\$

FEE SUBTOTAL \$

PAYMENT OPTION SELECTION CIRCLE ONE

TUITION SUBTOTAL \$

#1 Full Payment DUE JUNE 1st

TOTAL TUITION AND FEES \$

#2 Loan SIGNED by April 29 or JUNE 15th (12-month term or 10-month term)

Date	Amount	Balance Due
_____	_____	\$ _____
_____	_____	_____
_____	_____	_____

#3 Check/Loan Combination Partial payment **DUE BEFORE SIGNING LOAN**

#4 ½ and ½ 1st half due **June 1** _____

\$50 fee per child added to 1st half

2nd half due Jan. 30 _____

PAST DUE Payments will be assessed a late fee of \$250

PAST DUE Payments will be assessed a late fee of \$250***



ST. MARY'S CATHOLIC SCHOOL

STUDENT INFORMATION 2024-2025

PLEASE PRINT ALL INFORMATION: COMPLETE ONE FOR EACH CHILD

STUDENT NAME: (As listed on Birth Certificate)

_____ Catholic? _____ GENDER: ___M___F
Last First Middle

2023/2024 Grade: _____ **Date of Birth:** _____ **Social Security #:** _____ **Student's Cell:** (____) _____

Student's Race: (only 1) ___ American Indian ___ Asian ___ Black ___ White **Student's Ethnicity:** ___ Hispanic ___ Non-Hispanic

Parents' Marital Status: ___ Married ___ Separated ___ Divorced ___ Mom Remarried ___ Dad Remarried

Student lives with: ___ both parents (married) ___ Mother (custody/domiciliary parent) ___ Father (custody/domiciliary parent)

___ both parents (joint custody) ___ other _____

COPY OF LATEST CUSTODY DOCUMENTATION MUST BE ATTACHED

Physical Address:

Street City State Zip

Mailing Address:

(If different) _____
Street/ PO Box City State Zip

MOTHER/GUARDIAN Information _____ **If SMS Alumni/Grad Year** _____

Last First Maiden

Cell: (____) _____ **Home Phone:** _____ **Email:** _____

Mailing Address:

Street/ PO Box City State Zip

Place of Employment:

Business Name Phone Position Business Phone

Relationship (if other than biological Mother)

FATHER /GUARDIAN Information _____ **If SMS Alumni/Grad Year** _____

Last First Middle

Cell: (____) _____ **Home Phone:** _____ **Email:** _____

Mailing Address:

Street/ PO Box City State Zip

Place of Employment:

Business Name Phone Position Business Phone

Relationship (if other than biological Father)



ST. MARY'S CATHOLIC SCHOOL

STUDENT INFORMATION 2024-2025

PLEASE PRINT ALL INFORMATION: COMPLETE ONE FOR EACH CHILD

STEP-MOTHER INFORMATION: _____ Information/child released? ___ Yes ___ No
Last First Maiden

Cell#: (_____) _____ List number for automated school calls? Y N Email: _____

STEP-FATHER INFORMATION: _____ Information/child released? ___ Yes ___ No
Last First

Cell#: (_____) _____ List number for automated school calls? Y N Email: _____

RELEASE INFORMATION: List those persons that you give permission to **pick-up** your child from school.

Name Cell # Relationship

Name Cell # Relationship

Name Cell # Relationship

ALL PARENTS MUST READ AND SIGN ACKNOWLEDGING THEY HAVE READ AND UNDERSTAND THIS PASSAGE:

Has this student ever had any educational or psychological evaluation? ___ Yes ___ No if yes, by whom: _____

DOCUMENTATION MUST BE PROVIDED TO SCHOOL

Date of evaluation: _____ If diagnosis provided please explain: _____

Has student ever received Special Education services? ___ Yes ___ No If yes, describe: _____

Does the student have an existing IEP? ___ Yes ___ No Medication prescribed: _____

Ever been classified as "504"? ___ Yes ___ No If yes, a copy must be provided to St. Mary's.

Those undersigned, that represent that they are the parents and/or legal guardians of this child/student, acknowledge that St. Mary's Catholic School:

- *Does not provide special education services or facilities*
- *Does not perform educational or behavioral evaluations*
- *Will make reasonable adjustments within the school's education program to attempt to accommodate special adjustments*
- *All adjustments are within the sole discretion of the school*
- *Reserves the right to determine, that even with reasonable accommodations, that satisfactory progress of the student has not been achieved and that the child would be better served in a more appropriate learning environment. .*

I HAVE READ AND UNDERSTAND THE STATEMENT REGARDING STUDENTS WITH SPECIAL NEEDS.

Signature of Parent or Legal Guardian

Printed Name of Parent or Legal Guardian

Date



ST. MARY'S CATHOLIC SCHOOL TUITION LOAN INFORMATION 2024-2025

(Completion is necessary if Option 2 or 3 is chosen for payment of tuition)

- **Loan information must be signed and received by St. Mary's by June 15, 2024 (for a 10 month loan)**
- **Sign by April 29, 2024 (for 12 month loan)** Failure to pay tuition or to sign the prearranged installment loan program papers by June 15th will result in a penalty of \$250 **per returning student.**
- **Monthly loan payments are automatically withdrawn on the 15th of each month.** For a 10 month loan, the first draft will be July 15, 2024, and the last draft will be April 15th, 2025. For a 12 month loan, the first draft will be May 15, 2024 and the last draft will be April 15, 2025.
- **\$25 Processing fee (check made payable to BOM) must be attached to this form for processing.**

PLEASE PRINT ALL INFORMATION

REQUESTING LOAN _____

Last

First

Middle (Maiden)

SSN: _____ DOB: _____ CELL #: _____

MAILING ADDRESS: _____

Street

City

State

Zip

PHYSICAL ADDRESS: _____

Street

City

State

Zip

DRIVER'S LICENSE #: _____ STATE: _____ ISSUE DATE: _____ EXP DATE: _____

WORK PHONE: _____ HOME/CELL PHONE: _____

EMAIL ADDRESS: _____

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ATTACH COPY OF:

- **VOIDED CHECK**
- **DRIVER'S LICENSE**

Automated withdrawals made from established bank account:

Name of Bank: _____

Routing Number: _____ Account Number: _____

FOR OFFICE USE ONLY

Date Received by SMS _____ Date delivered to bank: _____ Term: ___ 10 month ___ 12 month

Loan Amount: \$ _____ Term of Loan _____

\$25 processing fee must be attached. (Check made payable to BOM) Payment Type: _____

LOANS WILL NOT BE PROCESSED WITHOUT THIS FEE



ST. MARY'S CATHOLIC SCHOOL

PUBLIC RELATIONS/IMAGE CONSENT/MEDIA RELEASE

All St. Mary's official websites and Facebook pages are venues for official school business and approved student organizations, athletic teams and clubs. All are maintained and monitored by the Technology Coordinator and administrators. All postings are official school related articles, events, pictures, etc. of approved student organizations, athletic teams and clubs. **All press releases, news articles, advertisements and marketing must be approved by the administration.** St. Mary's provides frequent media communications and images for release to include, but not limited to the following:

- *The Church Today* Catholic newspaper
- *The Natchitoches Times*
- St. Mary's Facebook Page
- St. Mary's Alumni Facebook Page
- St. Mary's Tiger Athletic Association Facebook Page
- St. Mary's Tiger Pride Facebook Page
- School's official website – www.smstigers.org
- Tiger Athletic Association official website – www.smstigerstaa.com
- The school's yearbook
- School brochures
- School videos
- Individual school pictures
- Individual school IDs
- Class pictures
- Church activities
- Awards days
- Religious events

Rights Waiver Disclosure

St. Mary's utilizes images of students for promotional purposes. These promotional materials may or may not be used for internal, diocesan, community and/or national publications that promote the mission of the Minor Basilica of the Immaculate Conception. Images may include, but are not limited to those listed above. By signing this consent, parents provide their permission for the use of their child's image for the purposes of promotion by St. Mary's.

Guardian's Signature

Guardian's Printed Name

Date

Student's Name

Student's Name

Student's Name

Student's Name

Student's Name

Student's Name



ST. MARY'S CATHOLIC SCHOOL

PERSONAL INFORMATION CONSENT FORM

The Children's Online Privacy Act (COPPA) requires parents to make an election as to whether you give or deny consent for this school to use your child's personal information in the form of their name to be used in digital form to disclose it to entities that use the information for purposes specific to school activities.

These activities include using your child's name in digital form to:

- Create and maintain school records,
- Create email accounts for student use at school,
- Create user accounts to allow them to use online programs such as, but not limited to, foreign language courses, typing courses, and online core content courses that are delivered by computer. This includes Google and Lightspeed Relay accounts set up for student Chromebook usage on campus.

Privacy policies for each online program are obtained and can be provided at request. All such digital uses are listed on the school website, accessible at www.smstigers.org.

Please read the consent statements below choosing the option that applies to your decision to grant or deny consent and sign and date the bottom.

PLEASE CHOOSE ONE OF THE FOLLOWING OPTIONS:

	I CONSENT	to my child's school collecting my child's personal information and disclosing the personal information collected to outside entities for purposes such as those described above and listed on the school website. I understand and acknowledge that the consent provided herein shall be valid from this point until my child's graduation or I make the necessary changes in writing in person.
	I DO NOT CONSENT	to my child's school collecting my child's personal information named above and disclosing the personal information collected to outside entities for purposes such as those described above and listed on the school district website. I understand that by declining consent for the collection and disclosure of my child's personal information, the school will not share the information with entities outside the school system for print publication, digital use for school work (as outlined above) and disclosure of transcripts.

X _____
Signature of Parent/Legal Guardian

Child's Full Name *Grade*

Printed Name of Parent/Legal Guardian

Child's Full Name *Grade*

Date

Child's Full Name *Grade*



ST. MARY'S CATHOLIC SCHOOL

ELECTRONIC COMMUNICATIONS POLICY

St. Mary's Catholic School recognizes the educational value of using electronic information services for communication and information access and encourages the use of such sources to enhance student learning. The school uses Lightspeed Relay and Google Education Suite to filter internet content and monitor all SMS user accounts.

Users should never consider electronic communication to be either private or secure. The school's administration and technology coordinator have access to all email. St. Mary's Catholic School also has the right to monitor any and all aspects of its computer system. Users consent to allowing the school to assess and review all materials users create, store, or receive on the computer system, Internet, or any other component of the computer network.

Users understand that the school may use human or automated means to monitor use of the computer resources. Such monitoring may include, but is not limited to, monitoring sites visited by users on the Internet, reviewing material downloaded or uploaded by users to the Internet, and reviewing email sent and received by users.

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As a parent or guardian of this student, I have read the school's Responsible Use of Technology Policy, Internet User Policy and Rules, and the No Expectation Of Privacy of Electronic Communications Policy of the St. Mary's Catholic School's Technology Resources Policy. I understand that these services are designed for educational purposes and the school has taken available precautions to eliminate controversial material. However, I also recognize that it is impossible for the school to restrict access to all controversial materials and I will not hold them responsible for materials acquired by my child with these services. I also understand that although student accounts are monitored, school system employees are not responsible for monitoring student activity online outside of school hours. If something is disclosed or written outside of school hours, employee monitors may not be aware of a situation until regular school hours resume.

Parent/Guardian _____ _____
(Please print) Signature

Please list your children(s) names in the spaces provided.

Student Name _____

Sibling Name _____

Sibling Name _____

Sibling Name _____



ST. MARY'S CATHOLIC SCHOOL

Responsible Use of Technology, Internet Usage Agreement, and Chromebook Agreement Form for K-12th Grades

This form must be completed in order to receive a school issued device.

- Parent

- I have read and understand the Responsible Use of Technology and Personal Responsibility/Liability Agreement and the Internet User Policy and Rules.
- I will comply with this agreement and the St. Mary's Internet Usage Policy.
- I understand that electronic device privileges may be revoked and that discipline may be imposed as a result of inappropriate behavior, damage, neglect, or loss to any school owned device.
- I understand that I am financially responsible for user damage (deliberate or accidental) to any school owned device (or its replacement if repairs cannot be made).
- I understand that my high school child is responsible for keeping school issued devices charged and ready for use each school day and for maintaining and caring for the assigned device.

Parent/Guardian Printed Name

Parent/Guardian Signature

Date

- Student Signature (4th - 12th grade)

- I have read and understand the Responsible Use of Technology and Personal Responsibility/Liability Agreement and the Internet User Policy and Rules.
- I will comply with this agreement and the St. Mary's Internet Usage Policy.
- I understand that electronic device privileges may be revoked and that discipline may be imposed as a result of inappropriate behavior, damage, neglect, or loss to any school owned device.
- I understand that I am financially responsible for user damage (deliberate or accidental) to any school owned device (or its replacement if repairs cannot be made).
- I understand that as a high school student, I am responsible for keeping my school issued device charged and ready for use each school day and for maintaining and caring for the assigned device.

Student Printed Name

Student Signature

Date

Office Use Only: Form MUST be given to the Technology Coordinator.



ST. MARY'S CATHOLIC SCHOOL REGISTRATION PACKET ADDENDUM

FAMILY NAME: _____
(LIST ALL STUDENT'S NAMES)

PARENT NAME: _____

ENROLLMENT

St. Mary's Catholic School administration reserves the right to deny enrollment of any child due to parent non-compliance of rules or misrepresentation of child or family information (i.e. age, health information, past academic records, church affiliation). Admission may be denied if the student needs cannot be properly served. Denial of enrollment or enrollment termination may occur when class size does not allow for proper placement of a student, if there is a need for highly specialized counseling or treatment, or if a student's discipline record indicates a disruptive pattern. Present or prior enrollment at St. Mary's is not an automatic assurance of continued admission.

PLEASE INITIAL: _____

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TUITION AND FEES

The fiscal operations of St. Mary's Catholic School is dependent on student enrollment and associated tuition.
REGARDLESS OF THE OPTION CHOSEN, FULL TUITION PAYMENT IS EXPECTED - DEBT MUST BE PAID IN FULL REGARDLESS OF MY CHILD'S ENROLLMENT.

PLEASE INITIAL: _____

I understand that a \$250 fee will be applied if tuition is paid after the due date.

PLEASE INITIAL: _____

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TUITION AND REFUND POLICY

If a student attends one day of school of any academic year, school policy states that no refund is provided.

PLEASE INITIAL: _____

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STUDENT SCHOOL ISSUED ACCOUNT

I understand that my child (1st - 12th) will be issued a Google account through the school's domain: @smstigers.org.

PLEASE INITIAL: _____

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INVOICES

I understand that all Tuition, After School Care and School Store invoices are emailed.

PLEASE INITIAL: _____

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PARENTAL INVOLVEMENT

I understand that each family is required to volunteer at least 10 hours each school year or pay a \$300.00 fee. Due May 1 or final report card will be held.

PLEASE INITIAL: _____



ST. MARY'S CATHOLIC SCHOOL

MEDICAL INFORMATION STUDENT FORM

In cases of emergencies, individual medical information can be critical for proper care. The school nurse will monitor all information and will share only what is necessary. Please complete this information and return to school as soon as possible.

STUDENT'S NAME: _____ **GRADE:** _____

Food and/or medications which students are allergic to. If none please write "None":

All medication taken at home, consistently or occasionally. If a child does not take any medication please print "none"

Medication #1 Name _____ Dosage _____

Time administered: _____ Circle One: Daily As Needed

Reason for medication: _____

Medication #2 Name _____ Dosage _____

Time administered: _____ Circle One: Daily As Needed

Reason for medication: _____

Medication #3 Name _____ Dosage _____

Time administered: _____ Circle One: Daily As Needed

Reason for medication: _____

Medication #4 Name _____ Dosage _____

Time administered: _____ Circle One: Daily As Needed

Reason for medication: _____

Any other medical concerns (seizures, diabetes, etc):

If your child does not have any medical issues or take any medication on a regular basis please check here _____

*In the event of an emergency, I give the administration of St. Mary's the authorization to call for medical personnel and ambulance services for my child if ever deemed necessary-whether on or off campus, during any school related activity.

I, _____ authorize the above information is accurate and correct.
(Parent's printed name)

(Parent's Signature)

Date



ST. MARY'S CATHOLIC SCHOOL

TOPS, COLLEGE SCHOLARSHIPS, GRANTS, AID PROGRAMS, & COLLEGE ADMISSIONS CONSENT FORM

Grades 8th - 12th

If you consent, your child's data will be shared with the Louisiana Office of Student Financial Assistance (LOSFA) through the Louisiana Department of Education (LDE) and its technology partner, the Office of Technology Services (OTS)¹ and the postsecondary education institution(s) to which your child applies (Institution) through the Board of Regents (BOR), LDE, and OTS to allow: You to track your child's progress in taking the courses and earning the grades required to be eligible for a Taylor Opportunity Program for Students (TOPS) Scholarship and to monitor your child's TOPS eligibility status by having an account on LAS (www.losfa.la.gov/AwardSystem/). LOSFA to determine whether your child is eligible for TOPS and other college aid using the Louisiana Award System (LAS). LOSFA to make TOPS and other aid payments. The Institution(s) to process his/her application for admission. The data which is necessary to determine your child's eligibility for TOPS and for admission to an Institution and which may be shared with LOSFA and Institutions for these purposes includes: Full name Birthdate Social Security Number Student transcript data (includes but not limited to, courses taken, type of course, the grades for each course, and when and where the courses were taken).

If you do not consent to the disclosure of your child's data to LOSFA and to postsecondary Institutions, the evaluation of your child's eligibility for TOPS and for admission to college will be delayed until the information necessary to make a determination is provided.

I CONSENT

I CONSENT to my child's school collecting my child's personal information named above and disclosing the personal information collected to LOSFA, to the Institution, and to the entities named above.

I understand and acknowledge that the consent provided herein shall be valid for my child's cumulative transcript records as of the date of signature and shall remain valid and in effect until he graduates from high school or I withdraw consent by completing the bottom portion of this form and returning it to my child's school.

Signature of Parent/Legal Guardian

My Child's Full Name

Printed Name of Parent/Legal Guardian

Date

I DO NOT CONSENT

I DO NOT CONSENT to my child's school collecting my child's personal information named above and disclosing the personal information to LOSFA and BOR. I understand that I may provide consent at a later date by completing the consent portion of this form above and returning it to my child's school.

Signature of Parent/Legal Guardian

My Child's Full Name

Printed Name of Parent/Legal Guardian

Date

¹ LDE and OTS will not have access to students' personally identifiable information to facilitate this process