



Parent Information Sheet

Student Name: _____ Homeroom: _____
 Birthday: _____ Teacher: _____

Parent /Guardian Name(s)	Contact Numbers (Please ✓ best # to reach during school hours)
1. _____	Cell: _____ Work: _____
2. _____	Cell: _____ Work: _____
	Home/Other: _____
Email Address(es):	Emergency Contact Information:
1. _____	Name: _____
2. _____	Cell Phone: _____
	Work Phone: _____
	Relationship to Student: _____
I Prefer to be contacted via: Phone Email	

Home Address #1:	Home Address # 2 (Optional):
_____	_____
_____	_____
_____	_____
Allergies or Other Special Considerations:	If yes, please specify:
Yes No	

What would you like us to know about your student? Please describe any goals, talents, areas of strength, etc.

Parent Signature: _____ Date: _____



Roman Catholic Diocese of Phoenix
OFF-CAMPUS PERMISSION FORM
 (attach Emergency Card - Appendix G.3)

Appendix G.2

St. Francis Xavier School

I, the Parent/Legal Guardian of _____ (the "Student") request that the School allow the Student to participate in the following off-campus activity:

Description of Activity: Walking to XCP or BCP
 Date of Activity: 2023-2024 School Year
 Destination: XCP and / or BCP
 Person in Charge: Kindergarten Teachers
 Estimated Departure & Return Time: _____
 Mode of Transportation: Walking
 Educational Objective: Concert Practice , Mass or Special Event

I give permission for the Student's participation in this activity. As Parent/Legal Guardian, I remain fully responsible for any legal responsibility resulting from any personal actions taken by the Student. I understand that the Student will be under the supervision of the designated school personnel and chaperones and that all school rules will be in effect. In consideration for the Student's participation, on behalf of myself, the Student and our heirs, assigns, executors and personal representatives, I hereby release, absolve, indemnify and agree to hold harmless the School, the Roman Catholic Church of the Diocese of Phoenix (the "Diocese"), and any and all of their officers, directors, agents, employees, representatives, volunteers, sponsors or benefactors of said trip from any and all liability for any and all injury that may arise out of participation in this activity. I understand that such an undertaking involves an element of risk. I hereby expressly assume all risks and hazards incidental to participation in this activity.

I represent and certify that I, as parent/guardian of the Student, have read the entirety of this document and fully understand the contents, consequences and implications of signing this document and that I agree to be bound by this document.

Signature Parent/Guardian	Please Print Name	Date
Phone Number(s)		



Dear Parents,

This year, our class will use the Superkids Reading Program, a core reading and language arts program designed for kindergarten through second grade. This program includes a parent portal, which contains information about the Superkids Reading Program and what your child will learn this year as well as activities your child can do at home.

Please detach and fill out the slip below to provide me with the names and e-mail addresses for each parent and/or guardian who would like to set up a parent portal account. I will enter this information into my online class roster.

To create your parent portal account, follow these steps:

1. Look for an e-mail from Superkids Reading Program.
2. Click the link in the e-mail. On the page that opens, create a password for your parent portal account.
3. After submitting the above information, you have finished creating your parent portal account. You will be automatically logged in to the parent portal.

To access the parent portal, follow these steps:

1. Go to superkidsreading.org and select the "School and Parent Log-in" tab at the top right.
2. Select the "Parent" link.
3. Enter your e-mail address and password.

Sincerely,

Teacher



Please provide the information below and return this slip to your child's teacher.

Student Name: _____

Parent/Guardian Name	E-mail Address
1.	
2.	
3.	
4.	



K - 8th Grade Student Release / Pick-Up Form

Dismissal Times ~ 3:00 P.M. (Monday - Thursday), 1:00 P.M. (Friday)

- K-2 parents may come through the gates and gather by St. Ignatius at 2:55 to retrieve their students at 3:00.
- Students not picked up by 3:07 will be walked to After Care.
- Students who are participating in enrichment activities will be walked to their location.
- The main gates will close at 3:10.
- Unsupervised children must not wait on the campus for siblings or parents who are involved in extracurricular activities. They should utilize After Care.
- Parents are asked to supervise their children and to take them promptly to their cars.

At dismissal, if there are occasions where your student will not be picked up by their parent/guardian or authorized care giver at the designated pickup area/time, please indicate the arrangement(s) below:

- ____ 1. I give permission for my student to be picked up by their authorized individual(s) listed below.
- ____ 2. My student will be attending aftercare
- ____ 3. My student will be attending enrichment classes after school
- ____ 4. I give permission for my student to leave campus with their 5th - 8th grade siblings.
Please list the name and grade of the sibling(s)"
- a. _____
- b. _____
- c. _____

The information below applies to the release of your student at any time during school hours.

I authorize St. Francis Xavier School to relieve my student to any of the individual(s) listed below:

Name: _____ Relationship: _____ Number: _____

Name: _____ Relationship: _____ Number: _____

Name: _____ Relationship: _____ Number: _____

Name: _____ Relationship: _____ Number: _____

Name: _____ Relationship: _____ Number: _____

Name: _____ Relationship: _____ Number: _____

I DO NOT AUTHORIZE St. Francis Xavier School to release my student to the individuals listed below:

If anyone listed below is a parent/ legal guardian, there must be appropriate legal documentation on file in the school office indicating a loss of rights to the child.

Name: _____ Relationship : _____

Name: _____ Relationship : _____

Please review the dismissal procedure with your student and notify your student's homeroom teacher in writing of any changes in the above information.

Student Name (Please print) _____ Homeroom Grade: _____

Parent /Guardian Signature _____ Date 08/03/2023