

2008 - 2009 New Student Permission Form

ACES Xavier Educational System, Inc.

Student Name \_\_\_\_\_

**Medical Information, Permissions and Signature**

I hereby authorize the treatment, administration of anesthesia and surgical treatment(s) in the event of a medical situation if I am unable to be contacted.

Signature of Parent / Guardian \_\_\_\_\_ Date \_\_\_\_\_

Physician or Clinic \_\_\_\_\_ Phone \_\_\_\_\_

Dentist or Clinic \_\_\_\_\_ Phone \_\_\_\_\_

Health Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_

Special Medical Condition \_\_\_\_\_

Special Medical Alert \_\_\_\_\_

Student allergic to \_\_\_\_\_

Date of last tetanus shot \_\_\_\_\_

**In case of emergency, the person to contact if parents are unable to be reached**

Name \_\_\_\_\_ Phone \_\_\_\_\_

**Parent / Guardian Agreements**

By enrolling my son/daughter at an ACES Xavier School, I agree to the following:

*Please initial each box granting permission and or agreement to each statement.*

- I/We give my/our consent for ACES Xavier Educational System to use my son/daughter's name, image, and /or voice recording in school publications and/or productions (e.g. school newsletters, annual report, brochures, student directory, student recruitment information web pages, play bills, student newspapers.)
- I/We agree to read and sign the Acceptable Use Agreement regarding the proper use of school technology. I/We understand that unless this agreement changes significantly, it is in effect for the time my son/daughter is a student at an ACES Xavier Educational System Campus.
- I/We agree that all payments for tuition and fees will be kept current. I/We understand that accounts that are not kept current may be turned over for collection. I/We understand that students will not be allowed to register for the following school year if tuition is in arrears for the current school year.
- I/We agree that I/we will read the campus Student/Parent Handbook including the Athletic Code of Conduct (where applicable). I/We will abide by the expectations (and consequences) set forth in the handbook and encourage my son/daughter to do so also.
- I/We understand that an application for admission will be required to be completed prior to being accepted for each school year. Acceptance, for example, does not guarantee a student's admission in any subsequent year. Among the factors to be evaluated in deciding whether or not a student will be accepted for continued enrollment at a system campus will be the student's academic standing as well as the student's overall conduct and contribution to the system campus.

**Both signatures required if applicable**

Parent / Guardian \_\_\_\_\_ Date \_\_\_\_\_

Parent / Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Useful Information**

ACES Xavier Alumni: \_\_\_\_\_ XHS (Year) \_\_\_\_\_ SJMS (Year) \_\_\_\_\_ Elementary (Year) \_\_\_\_\_  
Mother Father Mother Father Mother Father Campus

If you would like school event information sent to grandparents, please complete the information below.

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_