



# *Mount Saint Mary Academy*

*MSMA Eagles Soar for Excellence*

*2291 Elm St. Manchester, NH 03104*

*603-623-3155*

## **New Student Registration Checklist**

In order for your child to register at Mount Saint Mary Academy, the following information is needed. Please use this form to ensure that all pertinent information is returned to us before the first day of school. **All forms should be completed individually for each student.**

- School Registration Form
- Copy of Birth Certificate
- \$300.00 Non-Refundable Registration Fee
- Tuition Agreement Form
- Handbook Acceptance Form
- Internet and Computer Use Policy
- Before School Care Agreement Form (please complete even if you do not foresee needing it at this time)
- Afterschool Care Agreement Form (please complete with occasional use even if you do not foresee needing at this time)
- Over the Counter Medication Form
- Copy of the latest medical physical exam signed and dated by the child's physician
- Copy of latest Immunization schedule signed and dated by the child's physician
- Copy of most recent Report Card



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Date: \_\_\_\_\_

School Year Registering for: \_\_\_\_\_

Student's Full Name: \_\_\_\_\_ ☐ Male ☐ Female

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Current Grade: \_\_\_\_\_ Registering for Grade: \_\_\_\_\_

Present School Name and Address: \_\_\_\_\_

Siblings? ☐ Yes ☐ No

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

*The following statistical information is for reporting purposes and will not be used in a discriminatory manner:*

The student is Hispanic or Latino? ☐ Yes ☐ No

**Ethnic Group:** ☐ American ☐ Indian/Native ☐ Asian ☐ Black/African American

☐ Native Hawaii/Pacific Island ☐ White/Caucasian ☐ Two or more races ☐ Unknown

**Religion:** ☐ Catholic ☐ Non-Catholic

Has an educational plan (e.g.: ISP, IEP, 504) or have class modifications ever been recommended for this student? ☐ Yes ☐ No



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If Yes, please specify: \_\_\_\_\_

## **Medical Information**

Does the student suffer from any serious medical condition or allergy? ☐ Yes ☐ No

If yes, please list: \_\_\_\_\_

Please list any special instruction related to the condition(s): \_\_\_\_\_

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Does this student have asthma? ☐ Yes ☐ No

Does this student use an inhaler ☐ Yes ☐ No

***Please see school health officer if your student does carry an inhaler or epipen!***

Does this student require medication throughout the school day? ☐ Yes ☐ No

If yes, please list the medications and dosages:

Medication: \_\_\_\_\_ Dose: \_\_\_\_\_

Medication: \_\_\_\_\_ Dose: \_\_\_\_\_

***All medications must be presented in the ORIGINAL bottle with the prescription label and must be held in the health office.***

Student's physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## Parent/Guardian Information:

Student resides with (please check all that apply):

☐ Father ☐ Mother ☐ Stepfather ☐ Stepmother ☐ Guardian ☐ Other (please specify): \_\_\_\_\_

Student's parents are: ☐ married ☐ separated ☐ Divorced ☐ Never Married ☐ Widowed

If never married, divorced or separated; who has legal custody or decision-making responsibility of the student? \_\_\_\_\_

If never married, divorced or separated; who has physical custody or residential responsibility of the student? \_\_\_\_\_

If never married, divorced or separated; who has primary financial responsibility of the student? \_\_\_\_\_



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*Please provide a copy of any relevant court orders, such as parenting plan, final divorce decree or guardianship orders (these will stay in student's file)*

School correspondence should be sent to: ☐ Both parents ☐ Father only ☐ Mother only ☐ Other: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ ☐ Living ☐ Deceased

Maiden Name: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Employer: \_\_\_\_\_

Business Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ ☐ Living ☐ Deceased

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

Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Employer: \_\_\_\_\_

Business Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_

***If this student is under the care of a guardian, please attach Addendum A***



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## **Tuition/Financial Responsibility:**

Please indicate who is responsible for tuition and any other financial obligations to Mount Saint Mary Academy for this student: \_\_\_\_\_

## **Emergency Contact Information:**

Please list any other persons authorized to care for the student if parents/guardians cannot be reached:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

*The people named above have agreed to accept responsibility for our child if we cannot be reached in case of emergency during the school day. We understand that it is our responsibility to advise the school office if this information changes at all during the school year.*

*We certify that all information submitted in the registration process, including supporting materials, is factually accurate and honestly presented. We understand that if such information is inaccurate or false, the student's admission may be revoked. We agree to update any information if it becomes outdated.*

Signature of Parent(Guardian): \_\_\_\_\_

Signature of Parent(Guardian): \_\_\_\_\_

## **FOR OFFICE USE ONLY:**

Registration Fee ☐

Health Form ☐

Custody Documents or any other supporting Documents: \_\_\_\_\_



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Received by: \_\_\_\_\_

## **DISMISSAL PERMISSION**

*This information will be given to student's teachers*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Known to child as: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Known to child as: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Known to child as: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_



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Thank you for entrusting Mount Saint Mary Academy with your child/children for the upcoming school year. We are fully committed to each of our students here. Please review the updated tuition and fee schedule. Do not hesitate to call or email our Principal with any questions or concerns you may have: 603-623-3155 \*100 and [segalk@mtstmary.org](mailto:segalk@mtstmary.org)

There are three methods of payment for your child/children's tuition. Please see the options below and check which one you would like to utilize.

- ☐ Payment in FULL by July 1<sup>st</sup> of the school year (by check or by FACTS)
- ☐ Two Payments, one by July 1<sup>st</sup> of the school year and one by January 15<sup>th</sup> of the school year (by check or by FACTS)
- ☐ Through FACTS, which is an outside tuition management program, consisting of ten monthly (or 20 bimonthly) payments from your bank account or credit card into Mount Saint Mary Academy's bank account, beginning in July and ending in April. I also acknowledge that with this choice, MSMA will automatically charge all of the following to this FACTS account unless indicated below, with initials, to NOT charge.

☐ Before-School Program and/or After-School Program

☐ Hot lunch

## **AFTER-SCHOOL PROGRAM Payment Agreement (Choose 1)**

If you do not think you will utilize aftercare, we recommend you choose punch-card option

- ☐ I would like to purchase After-School Program annual pass (charged in the same format as chosen above)
- ☐ I would like to purchase After-School Program 10-day Punch-cards as needed (charged in the same format as chosen above)

Per the Mount Saint Mary Academy Family Handbook, it is the school's policy that parents must notify the school in writing if a student is being withdrawn. If a student is withdrawn before the school year begins, the parents are responsible for one month's tuition plus all non-refundable fees. If a student is withdrawn between the first day of school and December 31<sup>st</sup>, the family is responsible for ½ the full tuition plus all non-refundable fees. If a student is withdrawn on or after January 1<sup>st</sup>, the family is responsible for the full tuition amount.

Student's Name: \_\_\_\_\_

Parent's/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_





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## **Internet & Computer Use Policy**

We are pleased to offer our computer technology labs to our students. To ensure that every student benefits from the time spent with the computers and to prevent technical problems, please review the following Internet and Computer Policy.

Student use of the technology equipment is a privilege, which, at the discretion of the school administration, may be revoked by the school at any time. The school reserves the right to seek financial restitution for any damages caused by a student.

### **Purpose of Using the Internet**

- To provide resources that complement those available in the school.
- To teach students how to locate and use information for academic purposes and personal enrichment in a safe and responsible manner.
- To help with facilitating scientific inquiry and data collection.
- To share information, experiences, and viewpoints with people in other geographic areas.  
(our future plans)

### **Code of conduct for Internet Use**

When a student uses the Internet while at Mount Saint Mary Academy, that person's behavior is visible to the general public. Therefore, we require that all users abide by accepted rules of network and computer etiquette. These include, but are not limited to, the following:

- Be Polite - Do not send abusive, disrespectful, or discriminatory messages to anyone.
- Use Appropriate Language - Do not swear, use vulgarities, or any other form of inappropriate language at any time.
- Respect Privacy - Giving out any type of personal information is inappropriate. Students shall not give out private information pertaining to another individual or individuals. This includes, but is not limited to, giving out someone's home address, telephone number, or passwords for electronic devices.
- Respect the Access Rights of Others- Do not use computer access in a way that disrupts others' use.
- Report Suspicious Behavior- Report any incident, which is out of the ordinary or frightening, or any communication that may raise suspicions about someone's motives.





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## **Computer & Internet Use Agreement Form**

**Please note:** Since the student is under the age of 18, both the student and the parent/guardian must sign this form.

### **Student Authorization**

As a user of the Mount Saint Mary Academy computer network, I hereby certify that I have read the Computer & Internet Use Policy and agree to comply with the school's acceptable use of the Internet. I further agree that I will communicate over the network in a responsible manner, while honoring all relevant laws and restrictions. I also understand that violation of this policy may subject me to criminal and/or civil liability. I agree to report any misuses of the school's computer network and Intranet/Internet services to the school's network administrator. I will use the school's computer network and Intranet/Internet services entirely at my own risk. I hereby release the school, and agree to indemnify and hold the school, and its agents, officers, and employees harmless from any claims arising from or related to my use of the school's computer network and Intranet/Internet services.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

### **Parent/Guardian Authorization**

As the parent or legal guardian of the student signing above, I grant permission for my child to access networked computer services, such as electronic mail and the Internet. I understand that individuals and families may be held liable for violations. I understand that some materials on the Internet may be objectionable, but I accept responsibility for guidance to Internet use, setting and conveying standards for my child to follow when selecting, sharing, or exploring such resources. I understand that if my child should commit any violation, his/her access privileges may be revoked and school disciplinary action will be taken. I accept all financial and legal liabilities that may result from my child's unacceptable use of the Intranet/Internet. In addition, I accept full responsibility for the supervision of my child, if and when he/she uses the Internet outside of a school setting. I understand that my child's use of the school's computer network and Intranet/Internet services is entirely at his/her own risk and I hereby release the school, and agree to indemnify and hold the school, its agents, officers, and employees harmless from any claims arising from or related to my child's unacceptable use of the Intranet/Internet. Finally, I hereby give my permission to the school to allow my child access to the school's Intranet/Internet computer network.

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



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## **After-School Program Agreement Form**

- Times for our after-school program are 2:30 – 5:30 pm.
- The cost is \$2,200 for the full school year or \$400 for a 20-day punch card.
- In order to remain in the program, all children must be picked up no later than 5:30 pm.
- An additional late fee of \$25 will be charged for every 10 minutes beyond 5:35 pm (this five-minute grace period is allowed for time discrepancy). This will be paid at time of pick up or charged to FACTS account.
- Checks should be made out to Mount Saint Mary Academy and payments should be sent to the school with Attn: Finance Office.
- **For your convenience, all payments can be made via your FACTS account.**  
**Please initial and date to authorize:** Initial \_\_\_\_\_ Date \_\_\_\_\_

Please enroll my child, \_\_\_\_\_, Grade \_\_\_\_\_ in one of the options listed for the after-school program (this is used for staffing):

1. \_\_\_\_ Monday \_\_\_\_ Tuesday \_\_\_\_ Wednesday \_\_\_\_ Thursday \_\_\_\_ Friday  
(select any/all days that apply)
2. \_\_\_\_\_ Occasional use (select this even if you don't think you'll use aftercare)
3. \_\_\_\_\_ Full school year

Adult contact during after-school program time:

\_\_\_\_\_ Phone \_\_\_\_\_ Home/Cell/Work

\_\_\_\_\_ Phone \_\_\_\_\_ Home/Cell/Work

**Please note:** If your after-school program bill is 7 calendar days past due, the program for your child may not be available until the balance is paid in full.

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



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## **Authorization to Release Students Records**

Name of Student: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade Entering in September: \_\_\_\_\_

I give permission to (current school): \_\_\_\_\_

\_\_\_\_\_

To transfer all pertinent educational, health and administrative records for  
the above-named student to:

Mount Saint Mary Academy

2291 Elm St.

Manchester, NH 03104

603-623-3155

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

Date: \_\_\_\_\_