

## **NEW RESIDENT STUDENT (U.S. and International)**

### **ENROLLMENT FORMS CHECK LIST**

Please complete and return by August 1, 2009:

- Travel and School Vacation Information Form
- Student/Parental Authorization Form
- Authorization for Administration of Medications Form
- Physician's Order for Administration of Medications Form
- Public Relations Information Form
- Release of Information and Student Records Form
- Family Information Form
- Consent to Treat/Field Trip Perm./Insurance Info./Emergency Contact Form
- Student Health Information Form
- Physical Examination Form (District 742)
- Pupil Immunization Record Form
- Minnesota State High School League Athletic Eligibility Form (if applicable)

If you have any questions, please call the Admission Office at (320) 363-3321 ~ 1-800-525-7737 or E-mail to us at [admitprep@csbsju.edu](mailto:admitprep@csbsju.edu).

Please mail completed forms to:

Saint John's Preparatory School  
Main Office  
1857 Watertower Road, Box 4000  
Collegeville, MN 56321-4000

## RESIDENCE INFORMATION BOOKLET 2009-2010

This booklet contains school and residence life information and is for you to keep at home for your reference. Also included is a separate set of forms that need to be completed and returned by August 1, 2009.

### SECTION I: GENERAL INFORMATION

- A. Staff Contact Information
- B. Items to Bring
- C. What is Provided in the Resident's Room
- D. Gaming Systems and Media
- E. Laundry Facilities
- F. Classroom Supplies
- G. Miscellaneous

### SECTION II: TRAVEL AND SCHOOL VACATION INFORMATION

- A. Transportation to the Saint John's Campus from Airport
- B. Travel Planning
- C. School Vacation and Important Dates

### SECTION III: RESIDENCE HALL PERMISSIONS & POLICIES

- A. Permission to Stay Off Campus
- B. Resident Student Off Campus Transportation
- C. Long Distance Telephone Service
- D. Residence Hall Computer Usage Policy
- E. Personal Spending Account Service
- F. Medication Policy
- G. Public Relations Information
- H. Release of Information and Student Records

<b>FORMS TO BE COMPLETED AND RETURNED TO SJP BY AUGUST 1, 2009</b>
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1. SJP Resident Student Fall Travel Planning Form (Section II Form)
2. Student/Parental Authorization Form (Section III Form)
3. Authorization for Administration of Medications (Section III Form)
4. Physician's Order for Administration of Medications (Section III Form)
6. Public Relations Information Form (Section III Form)
7. Release of Information and Student Records Form (New Students Only)
8. Family Information Form
9. Consent to Treat/Field Trip Permission/Insurance Information/Emergency Contact Form
10. Student Health Information Form
11. Physical Examination Form (District 742)
12. Pupil Immunization Record Form
13. Minnesota State High School League Form

Completed forms need to be returned to SJP via mail, fax, or e-mail. You may wish to make copies of the forms for your personal records.

**MAIL:** Saint John's Preparatory School  
Admission Office  
1857 Watertower Road, Box 4000  
Collegeville, MN 56321-4000

**FAX:** (320) 363-3513  
**E-Mail:** gschneider@csbsju.edu

## SECTION I: GENERAL INFORMATION

### A. STAFF CONTACT INFORMATION

Administrators and staff are on reduced hour contracts during the summer, except for the Admission and Alumni Offices. If you are unable to reach any of the administrators/staff below, contact the Admission Office at 320-363-3321 or [admitprep@csbsju.edu](mailto:admitprep@csbsju.edu).

<b>School Office:</b>	(320) 363-3315
Headmaster, <b>Fr. Timothy Backous, OSB:</b>	(320) 363-3318 <a href="mailto:tbackous@csbsju.edu">tbackous@csbsju.edu</a>
Academic Dean, <b>Kathy Kockler:</b>	(320) 363-3319 <a href="mailto:kkockler@csbsju.edu">kkockler@csbsju.edu</a>
Dean of Residential Life, <b>Brett Hendrickson:</b>	(320) 363-3354 <a href="mailto:bhendrickson@csbsju.edu">bhendrickson@csbsju.edu</a>
Student Accounts & Academic Records, <b>Sandy Ernst:</b>	(320) 363-3302 <a href="mailto:sernst@csbsju.edu">sernst@csbsju.edu</a>
<b>Admission Office:</b>	Toll Free 1-800-525-7737 or (320) 363-3321
Alumni/ae and Development Office:	(320) 363-3317
School Fax Numbers:	(320) 363-3513 or (320) 363-3322
Web Site:	<a href="http://www.sjprep.net">http://www.sjprep.net</a>
Admission Office E-Mail:	<a href="mailto:admitprep@csbsju.edu">admitprep@csbsju.edu</a>

### B. ITEMS TO BRING

Clothing:	Jeans/Casual Slacks	Sport Shirts/T-shirts	Sweater/Sweatshirts
	Dress Clothes	Dress Socks and Shoes	Sweatpants
	Pajamas & Bathrobe	Personal Undergarments	Slippers/Shower Clogs
	Swimsuit	Boots for Winter	Winter & Lightweight Jacket
	Casual Shoes	Gloves, Cap, Scarf	Sport Socks & Tennis Shoes

Personal Items: Towels	Wash Cloths	Toiletry Items
Pillow/Blankets/Bedsread	Sheets (Twin Size, 2 Sets)	
**Alarm Clock		

The bedding and clothes that you bring should be marked with your name or other identifiable markings.

\*\*An alarm clock is an essential item, as each student is responsible for getting to breakfast and school on time.

Useful/Needed Items: The following are items which may be brought from home or purchased during a shopping trip to the local shopping mall:

Backpack or Book Bag	Clothes Hangers	Laundry Basket/Clothes Hamper
Rain Gear	Desk Lamp	Pictures/Posters
UL Approved Power Strip with Circuit Breaker		

## **SECTION I: GENERAL INFORMATION – continued**

### **C. WHAT IS PROVIDED IN THE RESIDENT’S ROOM**

The school supplies each student with a single bed, one dresser, one desk and a chair.

There is a limited number of single occupancy rooms in the girls residence hall (Richarda Hall). Therefore, most female residents will be expected to share a dormitory room with another student. In some cases, there might be three students to a room. Any single rooms are offered first to returning 12<sup>th</sup> grade students.

There is also a limited number of single occupancy rooms in the boys residence hall (St. Michael Hall). Therefore, some male residents will be expected to share a dormitory room with another student. Any single rooms in the boys residence hall (Saint Michael Hall) are offered first to returning and upper class students.

### **D. GAMING SYSTEMS AND MEDIA**

X-Boxes, Play Stations, Video games, etc. are strongly discouraged. Students who choose to bring them must register them with the Residence Director. The games will be checked in with the Residence Director and stored in the dorm office. Students in good standing will be allowed to check out their personal video game system on weekends.

Games rated M or A are not permitted.

Video gaming is not allowed on school computers.

Unrated movies and movies rated R or NC-17 are not permitted.

Violating this policy may result in restricted privileges and confiscation of personal property.

### **E. LAUNDRY FACILITIES**

There are washing machines and dryers for students to use in each of the residence halls at no cost. Each student is responsible for his/her own laundry and must provide his/her own laundry soap and clothes basket.

### **F. CLASSROOM SUPPLIES**

Each teacher will inform students of specific supplies needed during the first week of school. Students should bring a planner or assignment book, notebooks and pens to class the first day. A backpack or book bag is also useful.

### **G. MISCELLANEOUS**

Items such as bikes and skis are encouraged. No pets are allowed, including fish.

Students may have the following appliances in their rooms: Hot pots, coffee makers, and refrigerators (five cubic feet or less).

The following appliances are not permitted to be used in non-kitchen areas or residence hall rooms: sandwich makers, rice cookers, grills (such as the George Foreman Grill), hot plates and appliances with open heat coils. Microwaves are not permitted in Richarda or Saint Michael Hall student rooms. Both Richarda and Saint Michael Hall have microwave ovens and toasters in the common kitchen area for residents to use.

## SECTION II: TRAVEL AND SCHOOL VACATION INFORMATION

### A. TRANSPORTATION TO THE SAINT JOHN'S CAMPUS FROM AIRPORT

Please complete the enclosed form: SJP Resident Student Fall Travel Planning Form

#### **All U.S. resident students (new and returning) and returning international**

**students** should plan to arrive on Friday, August 21, 2009. The residence halls will be open at 10:00 a.m. on that day. Saturday, August 23<sup>rd</sup> and Sunday, August 24<sup>th</sup> will include dorm orientation, room preparation, and community building activities.

Out-of-state students may fly into the Minneapolis-St. Paul International Airport, which is about one hour and 45 minutes from the school. A commuter air link is available to St. Cloud, bringing you within 20 miles of the school. Courtesy transportation from the Saint Cloud Airport may be available if you let us know in advance of your travel plans.

Executive Express (an airport shuttle service) provides ground transportation from the Minneapolis/St. Paul International Airport to Saint John's Prep. They are located one level below the baggage claims level in the Ground Transportation Center of the Minneapolis/St. Paul Airport. Advance reservations are required and should be made on-line at [www.executiveexpress.biz](http://www.executiveexpress.biz). If the Executive Express schedule does not accommodate your flight arrival schedule, your other option is to arrange for a taxi. **Please forward confirmed reservations to:**

Girls: Richarda Hall (320) 363-5105  
Boys: Saint Michael Hall (320) 363-3354

[bhendrickson@csbsju.edu](mailto:bhendrickson@csbsju.edu)  
[bhendrickson@csbsju.edu](mailto:bhendrickson@csbsju.edu)

**New international students** should plan to arrive at Saint John's Prep School on Tuesday, August 18, 2009. Saint John's Prep will assist in arranging transportation from the Minneapolis/St. Paul International Airport on August 18<sup>th</sup> through Executive Express, a local shuttle service ([www.executiveexpress.biz](http://www.executiveexpress.biz)). SJP staff will meet new students at the airport. **If you would like assistance making your reservations on Executive Express, please provide your flight itinerary on the SJP Resident Student Fall Travel Planning Form or e-mail Alex Schleper at [aschleper@csbsju.edu](mailto:aschleper@csbsju.edu) with your plans. If you will be making your own transportation arrangements from the airport to our campus, please also indicate those plans on the Travel Planning Form.** If we make the reservations on Executive Express, the cost will be charged to your account and will appear on your billing statement. Please visit the Executive Express website for the most up-dated fees and schedule (our campus is listed as St. John's University for boys, and the College of St. Benedict for girls on the Executive Express schedule information).

### B. TRAVEL PLANNING

Saint John's Preparatory School has several long weekend and holiday breaks in the course of the school year. The residence halls are closed during most of these times. It is our school policy that students attend all classes during scheduled class days.

Therefore, it is the responsibility of the students and families to arrange all flights according to the school year calendar. This is especially true for:

- the beginning of the school year
- the mid-year Christmas break
- the spring break
- the end of the school year

Saint John's Prep will assist with arranging flights, if requested by the family. Saint John's Prep will work with students and families to provide places to go during the October long weekend, Thanksgiving break, Spring Break and Easter break (Host Families and/or school sponsored trips). All plans need to be approved by the Dean of Residential Life.

There will be times when the residence halls will be closed. Refer to the next page for those times.

To make certain that students are present at the school to attend scheduled classes and to ensure the best air fares, it is necessary to arrange flights far in advance of the scheduled breaks. We recommend scheduling flights for the beginning of the school year and Christmas break at the same time. Please complete and return the SJP Resident Student Fall Travel Planning Form and return to us by August 1<sup>st</sup> so we know of your arrival times. If you are not able to schedule your Christmas break flight by August 1, 2009, then we will need to know of those plans by September 15, 2009.

## SECTION II: TRAVEL AND SCHOOL VACATION INFORMATION - continued

### C. SCHOOL VACATION AND IMPORTANT DATES

Reason for Break	Residence Hall Closing Dates	No School In Session	Return Date to Dorm between 3 – 10 PM	Date Classes Resume
<b>October Break (Mid-Semester)</b> Dorms closed for break: Travel option will be available	October 14, 2009 (Residence Halls close at 3:00PM)	October 15 – 18, 2009	October 18, 2009	October 19, 2009
<b>Thanksgiving Break</b> Dorms closed for break: Host Family stays will be available for international students	November 24, 2009 (Residence Halls close at 5:00PM)	November 25 – 29, 2009	November 29, 2009	November 30, 2009
<b>Christmas and Semester Break</b> Dorms closed for break: All students are expected to spend this break at home with their families	December 19, 2009 (Residence Halls close at 10:00AM) *Students may depart after their last final exam is complete	December 19, 2009-January 4, 2010	January 4, 2010	January 5, 2010
<b>Spring Break</b> Dorms closed for break: Travel option will be available	February 25, 2010 (Residence Halls close at 5:00PM)	February 26-March 7, 2010	March 7, 2010	March 8, 2010
<b>Easter Break</b> Dorm closed for break: Host Family stays will be available for international students.	March 31, 2010 (Residence Halls close at 5:00PM)	April 1-5, 2010	April 5, 2010	April 6, 2010

Below is a summary of fall and spring semester dates:

#### Fall Semester 2009:

Orientation Program for New International Students: August 18-23, 2009

New international students arrive: Tuesday, August 18, 2009

Dorms open for all U.S. residents (new and returning) and returning international students: Friday, August 21, 2009  
Open house 1:00pm – 6:00PM

First Day of Fall Semester Classes: Monday, August 24, 2009

Last Day of Fall Semester Classes: Friday, December 18, 2009

#### Spring Semester 2010:

First Day of Spring Semester Classes: Tuesday, January 5, 2010

Last Day of Spring Semester Classes: Friday, May 28, 2010

Commencement: Saturday, May 29, 2010

## SECTION III: RESIDENCE HALL PERMISSIONS & POLICIES

### A. PERMISSION TO STAY OFF CAMPUS

*Please complete Section A on the Student/Parental Authorization Form*

It is the responsibility of the requesting student to make arrangements to have the supervising adult from the place the student desires to stay to contact the parent or guardian, who in turn will advise the residence staff if this is acceptable. The student must also complete and submit a "Request to Stay Off Campus" form to the Residence Hall Director at least one day before the intended stay. The student must then check-out with the on-duty staff person before leaving.

Permission to stay off campus overnight on regular weekends may be granted **only with (parent/guardian) authorization.** The parent/guardian will e-mail (preferred) or call the residence hall each time such authorization is to be granted. In the event the student has been behaviorally restricted, staff reserves the right to deny permission.

Girls:	Richarda Hall	(320) 363-5105	<a href="mailto:bhendrickson@csbsju.edu">bhendrickson@csbsju.edu</a>
Boys:	Saint Michael Hall	(320) 363-3354	<a href="mailto:bhendrickson@csbsju.edu">bhendrickson@csbsju.edu</a>

### B. RESIDENT STUDENT OFF CAMPUS TRANSPORTATION

*Please complete Section B on the Student/Parental Authorization Form*

We hereby request the Residence Staff of Saint John's Preparatory School restrict off-campus transportation privileges for our son/daughter as indicated. In addition, students will need to get the permission of the Residence Hall Staff and/or Dean of Student Life when not using school transportation. Please indicate your choice of options on the Student/Parental Authorization Form.

#### OPTION 1: School-Related Vehicles, Public Transportation or other Students' Parents

Travel off campus should be restricted to school transportation, students' parents or public transportation, i.e. vehicle to athletic events, chaperoned field trips, the town bus/van to St. Cloud on Saturdays, and transportation to doctor and/or dentist appointments. This restricts your student to family or school-related vehicles (including transportation services such as taxis and Executive Express). It denies him/her the opportunity to ride with another parent or with a licensed student driver. This does not allow for your student to ride with another licensed student driver. *(This is the most restrictive permission option.)*

#### OPTION 2: School-Related Vehicles, Public Transportation, Students' Parents, Student Driver for School or Social Events

Transportation off campus will include school transportation, public transportation, students' parents or student driver for school or social events. Even if school transportation is available, your student may request permission from the Residence Hall staff and/or the Dean of Student Life to ride with another student. *(This is the least restrictive permission option.)*

### C. LONG DISTANCE TELEPHONE SERVICE

Saint John's Prep resident students are provided access to community shared telephones in the common area of their respective residence hall. These phones are restricted to local phone calls, calling collect, and toll free numbers (such as prepaid long distance phone cards). A prepaid phone card will be required for students to make a long distance or international call on these phones.

## SECTION III: RESIDENCE HALL PERMISSIONS & POLICIES – continued

### D. RESIDENCE HALL COMPUTER USAGE POLICY

*Please complete Section D on the Student/Parental Authorization Form*

All students in the residence halls have access to computers and the Internet through the school's computer lab and computers in the residence halls. Students may also choose to bring a computer for their personal use.

Dial-up connections (through phone lines) are prohibited.

On-line group communities are prohibited.

All computers must be renamed per IT Services directions.

(Example: P\_M1Smith...P\_/first initial of your name/middle initial/last name).

All students having computer access in their rooms must maintain a minimum GPA of 3.00.

A student in Saint Michael Hall or Richarda Hall will be allowed to have the port in his or her room activated provided the following conditions are met:

- 1) The student is responsible for a \$100 access fee per semester which is required by Information Technology Services of Saint John's University and the College of Saint Benedict.
- 2) The student's computer meets the operating requirements of Information Technology Services.
- 3) The student agrees to the conditions as listed below in the Contract for Computer Access in a Private Room.

#### **Contract for Computer Access in a Private Room**

I agree to the above conditions for having access to the facilities of the Saint John's University computer network, including the Internet, in my room. Further, I agree to follow the policies of Saint Michael Hall/Richarda Hall and the Saint John's Preparatory School as outlined in the Student and Parent Handbook and those defined by staff members. I understand that failure to follow the policies will result in the loss of access to the campus network from my room.

I understand the terms and conditions for the use of Information Technology Resources as outlined by CSB/SJU Information Technology Services (available online at <http://www.csbsju.edu/itservices/aboutit/policies.htm>). I agree to follow these terms and conditions. I understand that Information Technology Services and Saint John's Preparatory School reserve the right to monitor my use of the Information Technology Resources on the CSB/SJU network. Violations of the terms and conditions will result in the loss of access privileges/and or fees.

### E. PERSONAL SPENDING ACCOUNT SERVICE

*Please complete Section E on the Student/Parental Authorization Form*

Resident students are encouraged to maintain a "spending money" account rather than keep money in their room or carry large sums of money. A personal spending account may be set up at the Prep School Student Accounts Office. Parents who wish to deposit money into their son's/daughter's account may do so by sending them a check to endorse and deposit or by forwarding a check payable to "Saint John's Preparatory School" and mailing it to the attention of the Student Accounts Office.

## SECTION III: RESIDENCE HALL PERMISSIONS & POLICIES – continued

### E. PERSONAL SPENDING ACCOUNT SERVICE - continued

**PLEASE NOTE:** When a student receives their “spending money”, they receive **cash**. If a check is needed for payment of driver’s training, SAT/ACT/TOEFL testing, etc., this request must be made two days **PRIOR** to when the check is needed. Checks are processed at the Saint John’s University Student Account Office.

Please read the Personal Spending Account Agreement as stated below. **Please Note: When sending money for your student, please indicate that the deposit is for their Personal Spending Account.**

#### DIRECT ALL STUDENT BANK INFORMATION, QUESTIONS OR CONCERNS TO:

Saint John’s Preparatory School  
Student Accounts Office  
1857 Watertower Road; PO Box 4000  
Collegeville, Minnesota 56321-4000  
Telephone: (320) 363-3302  
Fax: (320) 363-3513  
E-mail: [sernst@csbsju.edu](mailto:sernst@csbsju.edu)

### Personal Spending Account Agreement

The Student Accounts Office will post specific hours when deposits and withdrawals may be made. Exceptions to the posted hours will be made on early dismissal days only.

If no limit is specified, any amount over \$100.00 per week must be approved by the Residence Hall Director or by the parent with a fax, phone call or e-mail to the Student Accounts Office.

Limits may be changed in writing only. The parent may make one time increases to the limit only with a fax, phone or e-mail to the Student Accounts Office.

### F. MEDICATION POLICY

Please complete section F containing the Authorization For Administration of Medications 2009-2010 form and the Physicians Order For Administration of Medications form if applicable.
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Saint John’s Preparatory School has an in-loco-parentis relationship with our residential students. In an attempt to establish a policy that respects the rights of parents to make determinations about the medical aspects of a student’s life and to insure consistency and safety of such decisions, we adopt the following guidelines. Parents will confirm their agreement with this policy by signing the Authorization for Administration of Medications form included in the forms packet.

#### PROCEDURES FOR ADMINISTRATION OF PRESCRIPTION AND/OR NON-PRESCRIPTION MEDICATION IN THE RESIDENCE HALLS:

1. Prescription and non-prescription medication (Tylenol, Ibuprofen, Tums, Halls Cough Drops, Aleve) will be administered to resident students after we receive written authorization from the parent or guardian.
2. Parents or guardian shall complete and return to the school the “Authorization for Administration of Medications” form before any medication will be administered. A Physician’s Order must accompany all prescription medication.

## **F. MEDICATION POLICY – continued**

### **PROCEDURES FOR ADMINISTRATION OF PRESCRIPTION AND/OR NONPRESCRIPTION MEDICATION IN THE RESIDENCE HALLS: - continued**

3. It is the responsibility of the resident student's parent to see that the medication to be administered is in a prescription container which identifies the patient, medication, dosage, prescribing physician, current date, expiration date and accurate directions for administration, notice of any possible side effects and identification and telephone number of the pharmacy.
4. Students are expected to report to the residence hall staff at the time their medication is to be taken. The staff will administer the medication according to the container label.
5. All medications will be stored in the residence hall office in a double locked storage unit.
6. A record of all medication administered under this policy shall be entered in a log maintained in each residence hall. This log will include the student's signature, date, time administered, name of medication and dosage and the name of the person administering the medication.
7. If any medication is left in the residence hall after the school year ends it will be destroyed after one week. This will be documented and witnessed by the Hall Director and a second staff member.
8. All resident student medical concerns will be referred to the Saint John's Health Center unless such occurrence happens after their regular business hours. After hours standard procedure will be to call the campus EMT's (Emergency Medical Technicians) or utilize Urgent Care, Express Care, the St. Cloud Hospital Emergency Room, or Albany Area Hospital and Medical Center, depending on the individual situation and urgency.

## **G. PUBLIC RELATIONS INFORMATION**

Please complete the Public Relations Information Form 2009-2010.

Saint John's Preparatory School sends information on individual student's academic accomplishments and extra – curricular participation and/or achievements to the media in a timely manner (i.e., honor roll listings, sports team records, theater performances highlighting specific cast members). Public relations information will never include a home address, telephone number or social security number.

Pictures of various school activities, as well as the school's newsletter, are posted on the school's web site.

Parent permission to include information on your son/daughter is requested on the enclosed form.

## **H. RELEASE OF INFORMATION AND STUDENT RECORDS**

Please complete Release of Information and Student Records Form 2009-2010.

Saint John's Preparatory School's Student Accounts/Registrar's Office maintains official academic records for each student enrolled at the school. The Release of Information and Student Records form allows Saint John's Preparatory School to request each new student's transcript and records be forwarded here to be added to the student's permanent file.

## SJP RESIDENT STUDENT FALL TRAVEL PLANNING FORM

### SECTION II: TRAVEL AND SCHOOL VACATION INFORMATION

(Refer to Residence Information Booklet Section IIA for details)

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

**ARRIVAL PLANS FOR START OF SCHOOL:** (New international students arrive on August 18<sup>th</sup>; U.S. resident students (new and returning) and returning international students arrive on August 22<sup>nd</sup>)

Airport (select one):

- Minneapolis/St. Paul International Airport (MSP)~ Airline: \_\_\_\_\_ Flight #: \_\_\_\_\_  
 St. Cloud (STC) \_\_\_\_\_ ~ Airline: \_\_\_\_\_ Flight #: \_\_\_\_\_

Date and Arrival Time: \_\_\_\_\_

Ground travel to SJP:

SJP transportation for new international students on Tuesday, August 18, 2009. Please try to arrive to the airport between 6:00AM and 5:00PM. SJP will assist in arranging ground transportation from the Minneapolis/St. Paul International Airport through Executive Express, a local shuttle service. SJP staff will meet new students at the airport.

For any other arrival dates, you will need to make your own arrangements for travel to Saint John's Prep. Please let us know your other arrangements. Options include:

- Executive Express ([www.executiveexpress.com](http://www.executiveexpress.com))  
 Taxi  
 Other: \_\_\_\_\_

***(Please submit a copy of your airline ticket or airline confirmation page.)***

**DEPARTURE PLANS FOR CHRISTMAS BREAK (December 18 after 3:00 PM or on December 19, 2009).  
RESIDENCE HALLS CLOSE AT 10:00AM ON DECEMBER 19<sup>th</sup>.**

Destination \_\_\_\_\_ Airline: \_\_\_\_\_ Flight: \_\_\_\_\_

Date and departure time: \_\_\_\_\_

Ground travel from SJP:  Executive Express  Taxi  Other: \_\_\_\_\_

***(Please submit a copy of your airline ticket or airline confirmation page.)***

**RETURN PLANS FOR JANUARY 4, 2010 BEFORE 9:00 PM.**

Destination \_\_\_\_\_ Airline: \_\_\_\_\_ Flight: \_\_\_\_\_

Date and departure time: \_\_\_\_\_

Ground travel from SJP:  Executive Express  Taxi  Other: \_\_\_\_\_

***(Please submit a copy of your airline ticket or airline confirmation page.)***





## AUTHORIZATION FOR ADMINISTRATION OF MEDICATIONS 2009-2010

(Refer to Residence Information Booklet section III F for details.)

Parents of resident students requesting that medication be administered to their son/daughter in the residence halls of Saint John's Preparatory School by trained residence staff are required to provide to the school: (1) Physician's Order; (2) Parental Request and Release; (3) Medications supplied in original labeled prescription bottle. (This information is to be supplied each new school year or with each new prescription.)

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Residence Hall (circle one): Richarda Hall (Girls)      Saint Michael Hall (Boys)

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

The following over-the-counter medications will be available to your child on an as-needed basis and as directed by the manufacturer. Please cross out any that should NOT be offered:

Tylenol      Halls Cough Drops      Tums      Ibuprofen      Aleve

### PARENT'S REQUEST AND RELEASE FOR ADMINISTRATION OF MEDICATION

Prescription Medication:

\_\_\_\_\_

I request and authorize designated residence hall staff to give medication/s to my son/daughter

\_\_\_\_\_.

I release Saint John's Preparatory School from any liability should reactions result from the medications. I give the Saint John's Health Center or the residence hall designee permission to contact my attending physician/dentist regarding the medication.

Medication Policy: I have read, understand and agree to the medication policy (Refer to Residence Information Booklet Section III, Letter F).

Parent/guardian signature

Date

**PHYSICIAN'S ORDER FOR ADMINISTRATION OF MEDICATIONS  
2009-2010**

(Refer to Residence Information Booklet section III F for details)

This form is required for each prescription medication prescribed prior to or during the school year.

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

I have prescribed the following medication for this student and request these dosages to be given.

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

Time and frequency of dosage: \_\_\_\_\_

For the treatment of: \_\_\_\_\_

Possible side effects: \_\_\_\_\_

Special instructions: \_\_\_\_\_

If an inhaler, may this student carry it with him/her? Yes                      No

Special instructions: \_\_\_\_\_

Last date to be given: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Print physician's name and office address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please return a separate copy for each medication. Thank you.

**PUBLIC RELATIONS INFORMATION FORM  
2009-2010**

STUDENT NAME: \_\_\_\_\_ Current Grade: \_\_\_\_\_  
\_\_\_\_\_ Current Grade: \_\_\_\_\_  
\_\_\_\_\_ Current Grade: \_\_\_\_\_

- I hereby permit Saint John's Preparatory School to use, in whole or in part, photographs, videos, written extractions, and voice recordings of my child for the purpose of illustrations, publications and websites.
- I hereby permit Saint John's Preparatory School to notify local newspapers of my child's academic, athletic or other special achievements.

What newspaper(s) do you wish to have press releases sent to?

Newspaper Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Saint John's Prep offers regular E-mail updates to parents, including emergency notifications (weather cancellations, etc.).

What E-mail address(es) would you like these updates sent to?

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

\_\_\_\_\_  
Date





SAINT JOHN'S PREPARATORY SCHOOL

## FAMILY INFORMATION FORM SCHOOL YEAR 2009-2010

Please complete this form in conjunction with all others and return it to the Prep School. If you have more than one child enrolled, it is not necessary to complete more than one form.

Student(s) Name(s): \_\_\_\_\_ Year of Graduation: \_\_\_\_\_  
\_\_\_\_\_  
Year of Graduation: \_\_\_\_\_  
\_\_\_\_\_  
Year of Graduation: \_\_\_\_\_

### **FATHER/ MALE GUARDIAN:**

Full Legal Name: \_\_\_\_\_ Preferred/ Nickname: \_\_\_\_\_  
Preferred Title: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Complete Street Address: \_\_\_\_\_  
City/ State/ Zip: \_\_\_\_\_  
Home Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_ Cell: \_\_\_\_\_  
Work Organization Name: \_\_\_\_\_ Position/ Title: \_\_\_\_\_  
Work Street Address: \_\_\_\_\_  
Work City/ State/ Zip: \_\_\_\_\_  
Work Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_ Cell: \_\_\_\_\_

### **MOTHER/ FEMALE GUARDIAN:** (Put "Same" for spaces that are identical to above)

Full Legal Name: \_\_\_\_\_ Preferred/ Nickname: \_\_\_\_\_  
Preferred Title: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Complete Street Address: \_\_\_\_\_  
City/ State/ Zip: \_\_\_\_\_  
Home Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_ Cell: \_\_\_\_\_  
Work Organization Name: \_\_\_\_\_ Position/ Title: \_\_\_\_\_  
Work Street Address: \_\_\_\_\_  
Work City/ State/ Zip: \_\_\_\_\_  
Work Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_ Cell: \_\_\_\_\_

### **STUDENT'S PATERNAL GRANDPARENTS:** (Please complete even if grandparent(s) is/are deceased)

Full Legal Name **Grandfather:** \_\_\_\_\_ Preferred/ Nickname: \_\_\_\_\_  
Preferred Title: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Work/ Retired? \_\_\_\_\_  
Full Legal Name **Grandmother:** \_\_\_\_\_ Preferred/ Nickname: \_\_\_\_\_  
Preferred Title: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Maiden Name? \_\_\_\_\_  
Complete Street Address: \_\_\_\_\_  
City/ State/ Zip: \_\_\_\_\_  
Home Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_ Other/Work: \_\_\_\_\_  
Work Organization Name (former, if retired): \_\_\_\_\_ Position/ Title: \_\_\_\_\_

### **STUDENT'S MATERNAL GRANDPARENTS:** (Please complete even if grandparent(s) is/are deceased)

Full Legal Name **Grandfather:** \_\_\_\_\_ Preferred/ Nickname: \_\_\_\_\_  
Preferred Title: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Work/ Retired? \_\_\_\_\_  
Full Legal Name **Grandmother:** \_\_\_\_\_ Preferred/ Nickname: \_\_\_\_\_  
Preferred Title: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Maiden Name? \_\_\_\_\_  
Complete Street Address: \_\_\_\_\_  
City/ State/ Zip: \_\_\_\_\_  
Home Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_ Other/Work: \_\_\_\_\_  
Work Organization Name (former, if retired): \_\_\_\_\_ Position/ Title: \_\_\_\_\_

## 2009-2010 CONSENT TO TREAT/FIELD TRIP PERMISSION/ INSURANCE INFORMATION/EMERGENCY CONTACT FORM

**Student Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Current Grade:** \_\_\_\_\_

**Consent to Treat:** The law requires that parent/guardian permission be obtained for procedures on minors and for *release of information* for insurance purposes. A situation may arise in which treatment, hospitalization or immunizations are necessary. Saint John's Preparatory School staff will make every attempt to communicate with you, if possible, and will use this authority only with the expressed request of a qualified licensed physician, nurse or medical personnel. No major operation will be performed, except in an emergency, without parent/guardian being contacted and fully informed. Immunizations may be given to boarding students requiring further vaccines at the Saint John's University Health Center or Stearns County Public Health Office with parent/guardian permission.

In the event of a medical, surgical or immunization need, including influenza vaccine, for the above named Saint John's Preparatory School student, I/we hereby authorize the performance upon said student of such medical, surgical or immunization procedures and *release of information* as may be prescribed by the school nurse or physician licensed to practice medicine and surgery. I authorize the release of any medical/pharmacy information necessary to process a claim for payment.

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

\_\_\_\_\_  
**Date**

**Field Trip and Off-Campus Activities Permission Form:** I/we, give our permission for the above named student to participate in activities, field trips, sports, or other school-related activities which take place off Saint John's Preparatory School premises. In consideration of this permission granted to my child to participate in previously mentioned activities, I release and hold harmless the school, its agents, employees, and officers, from any and all actions or causes of action of any nature for personal injury or property damage of any kind arising in any way from my child's participation. I further acknowledge that this release is binding upon my heirs, successors or assigns, that I have read the foregoing and understand its significance, and that I have executed this document voluntarily.

Furthermore, I/we agree that if the above named student's behavior is inappropriate, unsafe and/or detrimental to the group, I will be contacted immediately to secure means of removing my child/ward from the event premises, I understand that any financial costs incurred as a result of my child/ward being sent home are my responsibility.

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

\_\_\_\_\_  
**Date**

**Insurance Data:** My son/daughter/ward is covered for medical, hospitalization and/or accident insurance under the following policy. I understand that this information will be used in the event of sickness, accident, or hospitalization. I authorize the release of any medical/pharmacy information necessary to process a claim for payment. **Please attach a copy of the primary insurance card.**

Policy Holder's Name: \_\_\_\_\_

Insurance Company Name: \_\_\_\_\_

Insurance Company Address: \_\_\_\_\_

Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_ Insurance Company Phone #: \_\_\_\_\_

**Day and U.S. Resident Students:** Saint John's Prep requires all enrolled students to have insurance coverage. If you do not have insurance coverage, information regarding the Student Health Insurance carried by Saint John's Preparatory School will be sent out as requested from the Student Accounts Office (320) 363-3302.

**International Students:** Saint John's Prep automatically enrolls all international students in the Student Health Insurance Plan.

**EMERGENCY CONTACT INFORMATION – Page 2 of Consent to Treat Form**

**Student Name:** \_\_\_\_\_

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

**Parent/Guardian and Emergency Contact Information:**

Student lives with:    (    ) Both parents    (    ) Father            (    ) Mother    (    ) Other \_\_\_\_\_

Is this student enrolled as a Resident/Boarding student? (    ) Yes    (    ) No

Father's/Guardian's Name:	Daytime Phone Number	Evening Phone Number	Cell Phone Number
Mother's/Guardian's Name:	Daytime Phone Number	Evening Phone Number	Cell Phone Number

**Non-Custodial Emergency Contact:** (International students, please list a contact in the U.S. if available.)

In case of an accident or illness and school personnel are unable to contact parent/guardian, contact:

Name:	Daytime Phone Number	Evening Phone Number	Cell Phone Number
Name:	Daytime Phone Number	Evening Phone Number	Cell Phone Number

**\*\*Please inform your contacts that you are using their name for this purpose!\*\***

**These next questions may have been requested on another form, but in case of an emergency, we will refer to this form first. The following responses would be helpful in case a student needs emergency medical care:**

Date of Student's Last Tetanus Immunization: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications regularly taken: \_\_\_\_\_

## STUDENT HEALTH INFORMATION FORM Academic Year 2009-2010

<b>Student Last Name</b>	<b>First</b>	<b>M.I.</b>	<b>Grade 2009-2010</b>

**Check below any and all items that the school should be aware of:**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> ADHD                  | <input type="checkbox"/> Depression        | <input type="checkbox"/> Learning Disability     |
| <input type="checkbox"/> Allergies             | <input type="checkbox"/> Diabetes          | <input type="checkbox"/> Migraine Headaches      |
| <input type="checkbox"/> Bee Sting/Insect Bite | <input type="checkbox"/> Eating Disorder   | <input type="checkbox"/> Nosebleeds              |
| <input type="checkbox"/> Food/Specify _____    | <input type="checkbox"/> Epilepsy/Seizures | <input type="checkbox"/> Physical Disability     |
| <input type="checkbox"/> Other _____           | <input type="checkbox"/> Hearing Problems  | <input type="checkbox"/> Vision Problems         |
| <input type="checkbox"/> Anxiety               | <input type="checkbox"/> Hearing Aids      | <input type="checkbox"/> Contacts                |
| <input type="checkbox"/> Asthma                | <input type="checkbox"/> Heart Condition   | <input type="checkbox"/> Glasses                 |
|  | <input type="checkbox"/> Hemophilia        | <input type="checkbox"/> Self Injurious Behavior |

Does your child have any other health conditions which the school needs to be aware of, other than what is listed above?

Yes    No.

If yes, please explain: \_\_\_\_\_

Does your child require any special procedures? (nebulization, use of glucometer, epi-pen, etc.) \_\_\_\_\_

Has your child had a physical examination within the last year?    Yes       No

    Heath Physical Completed or will be completed on (date): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Has your child had a dental examination within the last year?       Yes       No

Has your child had an eye examination within the last year?       Yes       No

Is your child now under a doctor's care?       Yes       No

    If yes, please explain: \_\_\_\_\_

List dates and type of any immunizations or evaluations given in the past year: \_\_\_\_\_

Is your child taking any medicine that may affect his/her school performance?    Yes       No

Name of Medication(s) and reason for taking \_\_\_\_\_

**\*\*Medication may be brought to school for administration only with a written consent from a parent. All medication administered in school will require a written order by a licensed healthcare provider. Medication to be administered must be brought to school in the container labeled by the pharmacy or physician.**

Check below if your child has used or may need any of the following services:

None Required Assistance       Counseling Services       Special Diet Requirements       Speech/Language

Tutor Services       Other (specify) \_\_\_\_\_

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

\_\_\_\_\_  
Date

## PHYSICAL EXAMINATION FORM (District 742)

**Physical exams records are required for all new students and every three years for returning students.  
Please send form to Saint John's Preparatory School by August 1, 2009**

*This form is confidential.*

Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Birthdate \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Parent/Guardian \_\_\_\_\_  
 Doctor \_\_\_\_\_ Dentist \_\_\_\_\_  
 Last physical exam \_\_\_\_\_ Last dental exam \_\_\_\_\_

### Significant Past History

Allergy (specify)	ADHD <span style="float: right;">ADD</span>
Asthma	Developmental Delay
Chicken Pox (Disease)	Seizure History
Congenital Defect (specify)	Vision <span style="float: right;">Glasses _____</span> Contacts _____
Diabetes	Hearing
Heart Condition	Surgeries (specify) T & A Myringotomy Tubes, Hernia
Neurologic (specify)	
Orthopedic (specify)	Other

### Health Examination (To be completed by Physician.)

Examining Physician's Name (Print) \_\_\_\_\_  
 Ht. \_\_\_\_\_ Wt. \_\_\_\_\_ Pulse \_\_\_\_\_ BP \_\_\_\_\_ Urinalysis \_\_\_\_\_ HGB \_\_\_\_\_  
 Eyes \_\_\_\_\_  
 Ears \_\_\_\_\_ Orthopedic/Scoliosis \_\_\_\_\_  
 Nose \_\_\_\_\_ Skin \_\_\_\_\_  
 Throat \_\_\_\_\_ Allergies (if so, what?) \_\_\_\_\_  
 Glands \_\_\_\_\_  
 Lungs \_\_\_\_\_ Nutrition \_\_\_\_\_  
 Heart \_\_\_\_\_ Serious Illnesses \_\_\_\_\_  
 Nervous System \_\_\_\_\_

*Please review/record immunizations on reverse side and update for school requirements as needed.*

Does student require medication on a daily or episodic routine?

Name of medication: \_\_\_\_\_

Dose: \_\_\_\_\_ Frequency: \_\_\_\_\_

Condition being treated: \_\_\_\_\_

\*Please include separate doctor's order if medication will be taken at school.

Significant Development History \_\_\_\_\_

History of: Hearing Problem \_\_\_\_\_ Speech Problem \_\_\_\_\_

History of: Social or Emotional Problem \_\_\_\_\_

List conditions which may limit participation in:

A. Classroom activity \_\_\_\_\_

B. Physical education \_\_\_\_\_

C. Competitive sports \_\_\_\_\_

Any special health problems, recommendations and/or comments \_\_\_\_\_

**Approved for: Full Activity** \_\_\_\_\_ **Limited Activity** \_\_\_\_\_

**Date** \_\_\_\_\_ **Examining Physician** \_\_\_\_\_ **M.D.**

I hereby release this information to the Health Service of District 742 and give the licensed school nurse permission to clarify the information with the Physician if the need arises.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

## Pupil Immunization Record

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Minnesota Statutes Section 121A.15 requires children enrolled in a Minnesota school to be immunized against certain diseases, allowing for specified exceptions. This form is designed to provide the school with information required by the law and will be available for review by the Minnesota Department of Health and the local community health board.

**Enter the MONTH, DAY, and YEAR for all vaccines the pupil received.**

Type of Vaccine	1st Dose Mo/Day/Yr	2nd Dose Mo/Day/Yr	3rd Dose Mo/Day/Yr	4th Dose Mo/Day/Yr	5th Dose Mo/Day/Yr
<b>Diphtheria, Tetanus, and Pertussis</b> (DTaP, DTP)					
<b>Diphtheria and Tetanus (DT)</b> - pediatric formulation (<7 yrs)					
<b>Tetanus and Diphtheria (Td)</b> . adult formulation (7yrs)					
<b>Polio (IPV, OPV)</b>					
<b>Measles, Mumps, and Rubella</b> (MMR) (minimum age: 12 mos)					
<b>Hepatitis B</b> (hep B)*					
<b>Varicella</b> (chickenpox)**					
<b>Proof of Freedom from Tuberculosis</b> U.S. students encouraged to provide, <b>REQUIRED</b> for all international students.	<b>Mantoux Skin Test Date given</b>	<b>Mantoux Skin Test Date Read</b>	<b>Mantoux Skin Test Results (Record in millimeters)</b>	<b>Chest X-ray Date Taken (Copy of x-ray must be attached)</b>	
<b>Meningitis</b> Recommended, not required	<b>Vaccinated Month &amp; Year</b>				

\* Hepatitis B is required for kindergarten and 7th grade.

\*\* Varicella vaccine has been required since fall 2004.

**Indicate immunization status and source of above information by choosing one of the following:**

I certify that this student has received all immunizations required by law.

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Signature of parent/guardian or physician/public clinic

Date

I certify that this student has received at least one dose of vaccine for diphtheria, tetanus, and pertussis (if age-appropriate), polio, hepatitis B (K + 7th), varicella (K + 7th), measles, mumps, and rubella and will complete his/her diphtheria, tetanus, pertussis, hepatitis B, and/or polio vaccine series within the next 8 months. The dates on which the remaining doses are to be given are:

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Signature of physician/public clinic

Date

**Medical exemption:** No student is required to receive an immunization if they have a medical contraindication or laboratory evidence of immunity. To receive a medical exemption, a physician must sign the following statement:

*I hereby certify that immunization is contraindicated for medical reasons or that laboratory confirmation of adequate immunity exists for the following immunizations:*

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Signature of physician

Date

**Conscientious exemption:** No student is required to have an immunization which is contrary to the conscientiously held beliefs of his/her parent or guardian. To receive this exemption, a parent or legal guardian must complete and sign the following statement and have it notarized:

*I hereby certify by notarization that immunization for my child is contrary to my conscientiously held beliefs. Indicate vaccine(s):* \_\_\_\_\_

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Signature of parent or legal guardian

Date

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

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Signature of notary

**History of varicella disease:** *I hereby certify that this child had chickenpox disease on this date:* \_\_\_\_\_  
(MO/YR) and therefore does not need a varicella shot.

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Signature of parent/legal guardian or physician/public clinic

Date

**Additional exemptions**

- **Students in grades 7-12:**  
A Td booster at age 11 years or later is not required for students in grades 7-12 whose most recent Td was given after their 7th birthday but before their 11th birthday. Instead, it will be required 10 years after the date of the most recent dose. Enforcement of the Td booster requirement was reinstated in the fall of 2004 for all 7th-12th graders.
- **Students 11-15 years of age:**  
A 3rd dose of hepatitis B vaccine is not required for those students who provide documentation of the alternative 2-dose schedule.
- **Students 7 years of age or older:**  
Do not need pertussis vaccine.
- **Students 18 years of age or older:**  
Do not need polio vaccine.



# Minnesota State High School League

2100 Freeway Boulevard, Brooklyn Center, MN 55430-1735 (763) 560-2262

If you plan to participate in a sport during the 2009-2010 school year, you must complete an eligibility form.

This form is listed on the Minnesota State High School League site at [www.mshsl.org](http://www.mshsl.org), then click the Resources tab, select forms, select eligibility then scroll down to Athletic Eligibility Brochure 2009-2010.

This form is available in a pdf or word format. You choose which would work best for you. The 2009-2010 MSHSL Athletic Eligibility Statement (last two pages) is the portion that needs to be completed and returned.