

THE HIGH SCHOOL OF SAINT THOMAS MORE

RenWeb Email and Mailing List Sign-up

With the implementation of **RenWeb** (our new Student Information System) we are requiring each family provide **at least one email address** for their system sign-on (school email accounts are available for families who need an account). The Renweb system will, at a minimum, supply you with the following information throughout the school year:

- Student(s) Schedule
- Weekly Student(s) Progress, Grades, Unofficial Transcripts, Homework, Resources
- Quarterly Student Grades (Only STM Semester 1 and 2 final grades will be mailed)
- School Parent & Staff Directory
- Opportunities to update your Family information (contact, emails, emergency, etc).

Optionally signing up for parent emails is highly recommended as information regarding STM is distributed by email. There are only a few times during the school year where information is sent to parents through regular mail. If you do not have access to email or once you sign up and find you do not receive emails, please contact the STM front office at 352-7210. Please sign up today to ensure you receive important notices.

Student Name(s) _____

Email Owner Name _____

Email Address _____

Optional: Sign this email up for these Parent's Lists:

Class 2010

Class 2011

Class 2012

Class 2013

Email Owner Name _____

Email Address _____

Optional: Sign this email up for these Parent's Lists:

Class 2010

Class 2011

Class 2012

Class 2013

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Emergency Contact Information

In the event that your student has some emergency, you as the primary parent/guardian will be contacted first. Please list two (2) other local individuals that you authorize to act on your behalf if we are unable to reach you. Please also be sure that the **school is informed of any changes** throughout the year.

PLEASE COMPLETE ALL INFORMATION, EVEN IF NOTHING HAS CHANGED FROM THE PREVIOUS YEAR

Your student's name: _____

CONTACT #1 (PARENT/GUARDIAN)

Full Name: _____

Relationship to student: _____

Place of work: _____

Daytime phone: _____ Cellphone: _____

CONTACT #2 (PARENT/GUARDIAN)

Full Name: _____

Relationship to student: _____

Place of work: _____

Daytime phone: _____ Cellphone: _____

CONTACT #3 (NOT A PARENT)

Full Name: _____

Relationship to student: _____

Place of work: _____

Daytime phone: _____ Cellphone: _____

CONTACT #4 (NOT A PARENT)

Full Name: _____

Relationship to student: _____

Place of work: _____

Daytime phone: _____ Cellphone: _____

STUDENT MEDICAL INFORMATION:

Significant Medical Conditions: _____

Current Medications: _____

Allergies*: _____ Preferred Hospital: _____

Insurance Company: _____ Policy/ID # _____

Physician: _____ Phone: _____

Dentist: _____ Phone: _____

Eye Care: _____ Phone: _____

In case of emergency, I give my consent for the school to contact emergency medical services to attend my child. I understand the school will make every effort to contact parents/guardians first to obtain consent for treatment. However, in the event the school feels harm or injury is imminent and contacting a parent/guardian is not feasible, I authorize the school to summon help and provide to the attending medical technicians, physicians, hospital or clinic any relevant data judged necessary for treatment, from my child's health records.

*If your student has the chance of a **severe allergic reaction**, should the office have medication on hand? Yes No
If you answer yes, you **must bring the medication to the school office**. We are not permitted to dispense medication unless it is brought to the office by a parent/guardian.

Parent/Guardian Signature: _____ Date: _____

THE HIGH SCHOOL OF SAINT THOMAS MORE

Vehicle Registration for 2009-2010

PLEASE PRINT ALL REQUESTED INFORMATION

Student Driver's Name: _____
Model: _____
Make/Color: _____
License Plate # _____

PARKING ON SCHOOL GROUNDS IS A PRIVILEGE. ALL STAFF AND STUDENTS ARE REQUIRED TO REGISTER THEIR VEHICLES WITH THE SCHOOL OFFICE. ALL STAFF AND STUDENTS ARE EXPECTED TO DRIVE IN A SAFE AND CAUTIOUS MANNER WHILE ON SCHOOL PROPERTY. RESERVED AND HANDICAPPED SIGNS ARE TO BE OBSERVED AT ALL TIMES. A FINE WILL BE LEVIED ON ALL ILLEGALLY PARKED CARS. CARS PARKED ILLEGALLY COULD BE TOWED AT THE OWNER'S EXPENSE.

EAST LOT: (FRONT ENTRANCE) - Administration and school guests

WEST LOT: (STUDENT ENTRANCE) - Students, Faculty and Gym parking

By signing this form you have read and agree to follow the above written regulations.

Signature: _____

Date: _____

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By signing this form you have read and agree to follow the above written regulations.

Signature: _____

Date: _____

THE HIGH SCHOOL OF SAINT THOMAS MORE
Parental Permission Form

Student: _____ Grade: _____
PLEASE PRINT

CONSENT FOR PICTURES

I/We **DO** **DO NOT** (*circle one*) consent to have my/our student photographed and/or videotaped for publicity purposes while participating in general school activities.

Signature: _____ Date: _____