



# St. Michael Catholic School

542 Cypress Ave.  
Murrells Inlet, SC 29576  
843.651.6795 (t) 843.651.6803 (f)  
[www.saintmichaelsc.com](http://www.saintmichaelsc.com)

## Admission Procedures 2024 - 2025

### Thank you for your interest in St. Michael Catholic School!

St. Michael Catholic School, accredited by the Diocese of Charleston and AdvancEd/COGNIA, serves the Catholic parishes in Horry and Georgetown counties. Our mission is to educate and guide students by providing academic excellence, spiritual development and strong Catholic values. Our school maintains a safe, nurturing environment that inspires a genuine love for learning, and encourages a lifelong quest for knowledge.

Please note that Pre-K3 children must be 3 years old by September 1<sup>st</sup>; and Pre-K4 children must be 4 years old by September 1<sup>st</sup> of the school year; Kindergarten children must be 5 years old by September 1<sup>st</sup> of the school year; and 1<sup>st</sup> grade children must be 6 years old by September 1<sup>st</sup> of the school year in order to register.

### Registration Fee (Non-Refundable):

- \$650.00 per student for new families; \$600.00 per student for returning families

### Required Documents:

- Completed registration packet (for EACH child)
- Copy of your child's birth certificate (New Students)
- Copy of your child's baptismal certificate (if Catholic, only) (New Students)
- South Carolina Certificate of Immunization (Religious exemptions not allowed) (New Students)
- Copy of Records from your child's previous school and past report cards (if applicable-New Students)

Keep in mind that we will not be able to process any incomplete registration forms, so please be sure you have all the required materials at the time of registration. Submit your application packet to the school office.

All grades follow the same school year calendar and are on a full day schedule. Tuition for the 2024-2025 school year has been set, and the new tuition schedule is included.

The following methods of payment are accepted: personal checks or cash only when paying for the Registration Fee. All tuition payments must be processed through FACTS Management ([www.factsmgt.com](http://www.factsmgt.com)). An administrative fee will be collected by FACTS when your contract is finalized. A processing fee will be assessed if checks are returned for insufficient funds.



# St. Michael Catholic School

542 Cypress Ave.  
Murrells Inlet, SC 29576  
843.651.6795 (t) 843.651.6803 (f)  
www.saintmichaelsc.com

## Student Registration Form (Please type or print legibly and complete a form for each child):

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

Student's Name \_\_\_\_\_  
Last First Middle Suffix

Preferred Name \_\_\_\_\_ Entering Grade Level \_\_\_\_\_ Date of Birth \_\_\_\_\_

Student Age \_\_\_\_\_ Gender \_\_\_\_\_ Blood Type \_\_\_\_\_

Race \_\_\_\_\_ Religion \_\_\_\_\_ Church Affiliation \_\_\_\_\_

**\*\* (Parish Verification Letter required with pre-registration)**

School currently attending \_\_\_\_\_

Reason for transfer from previous school \_\_\_\_\_

### **\*Primary Family Information (ALL INFORMATION MUST BE COMPLETED):** Please type or print legibly

Address Line 1 \_\_\_\_\_

Address Line 2 \_\_\_\_\_

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

Home Phone 1 \_\_\_\_\_ Listed Home Phone 2 \_\_\_\_\_ Listed

### **\*Father's Information (ALL INFORMATION MUST BE COMPLETED):** Please type or print legibly

Father or Guardian's Name \_\_\_\_\_  
Last First Middle Suffix

Email Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_  
number street city state zip code

Father's Business/Occupation \_\_\_\_\_

Name Address Work Phone

Religion & Church Affiliation: \_\_\_\_\_ Marital Status: \_\_\_\_\_

### **\*Mother's Information (ALL INFORMATION MUST BE COMPLETED):** Please type or print legibly

Mother or Guardian's Name \_\_\_\_\_  
Last First Middle Suffix

Email Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_  
number street city state zip code

Mother's Business/Occupation \_\_\_\_\_

Name Address Work Phone

Religion & Church Affiliation: \_\_\_\_\_ Marital Status: \_\_\_\_\_

**The registration fee must accompany this form.**

\_\_\_\_\_  
Parent's Signature

#### **For Office Only:**

Payment Received \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_ Credit Card \_\_\_\_\_ Date Received: \_\_\_\_\_

Parish Verification Letter received: SM \_\_\_\_\_ PB \_\_\_\_\_ SJ \_\_\_\_\_ SA \_\_\_\_\_ Other \_\_\_\_\_

**OVER →**



# St. Michael Catholic School

542 Cypress Ave.  
Murrells Inlet, SC 29576  
843.651.6795 (t) 843.651.6803 (f)  
www.saintmichaelsc.com

## Emergency Medical Information:

**Emergency Contacts (Other than Parents/Guardians):** Please type or print legibly

1. Contact Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

2. Contact Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

3. Contact Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

## **Medical Contacts:**

Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Hospital: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Insurance: \_\_\_\_\_ Ins. Group: \_\_\_\_\_

Policy Number: \_\_\_\_\_ **Permission to Treat:** \_\_\_\_ Yes \_\_\_\_ No

Medical Conditions/Allergies (**describe all**): \_\_\_\_\_

## **Ethnic Group:**

(Please check which one applies to the student, this information is for statistical purposes only.)

☐ White ☐ Black ☐ Hispanic ☐ Asian ☐ American Indian ☐ Multi-Racial

**Pick-up Information (People authorized to pick-up your child(ren) from school\*):** Please type or print legibly

1. Full Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_ Notes: \_\_\_\_\_

2. Full Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_ Notes: \_\_\_\_\_

3. Full Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_ Notes: \_\_\_\_\_

*\*Adults on this list will be asked for photo identification prior to the release of your child.*

*\*Please note that it is the responsibility of the parent/guardian to notify SMCS with updated information when applicable.*

**OVER→**



# St. Michael Catholic School

542 Cypress Ave.  
Murrells Inlet, SC 29576  
843.651.6795 (t) 843.651.6803 (f)  
www.saintmichaelsc.com

## 2024 - 2025 Tuition & Fee Schedule

**TUITION FOR PARISH AND NON-PARISH CATHOLIC STUDENTS** (registered and attending a local parish – SMCS requires regular participation in church envelope system)

**Cost to educate per student - \$8,838.00**

TUITION RATES: (1 <sup>st</sup> child full tuition; Multiple child discount \$300 per 2 <sup>nd</sup> child or more)				
PK3 – 6 <sup>TH</sup> GRADE STUDENTS:	1 <sup>st</sup> Child	2 <sup>nd</sup> Child	3 <sup>rd</sup> Child	4 <sup>th</sup> Child
SMCS Parishioner / Other Parish Catholic Students	\$6,800	\$13,300	\$19,800	\$26,300
Non-Catholic Students	\$7,800	\$15,300	\$22,800	\$30,300
To be paid annually (July), semi-annually (July & January), monthly (12-months: July – June)				

REGISTRATION FEES FOR RETURNING STUDENTS: No discounts on fees for multiple children				
REGISTRATION DUE: April 26, 2024	1 <sup>st</sup> Child	2 <sup>nd</sup> Child	3 <sup>rd</sup> Child	4 <sup>th</sup> Child
Registration Returning Students: Non-refundable	\$600	\$1,200	\$1,800	\$2,400
Chromebook/Technology Fee: Refundable if withdrawn in summer	\$120	\$240	\$360	\$480
<b>Total Fees due at time of registration</b>	<b>\$720</b>	<b>\$1,440</b>	<b>\$2,160</b>	<b>\$2,880</b>

\* If registration fee is paid on or before February 29, 2024, a discount of \$200 per child will apply.

\* If registration fee is paid on or before March 27, 2024, a discount of \$100 per child will apply.

REGISTRATION FEES FOR NEW STUDENTS: No discounts on fees for multiple children				
REGISTRATION DUE: April 26, 2024	1 <sup>st</sup> Child	2 <sup>nd</sup> Child	3 <sup>rd</sup> Child	4 <sup>th</sup> Child
Registration New Students: Non-refundable	\$650	\$1,300	\$1,950	\$2,600
Chromebook/Technology Fee: Refundable if withdrawn in summer	\$120	\$240	\$360	\$480
<b>Total Fees due at time of registration</b>	<b>\$770</b>	<b>\$1,540</b>	<b>\$2,310</b>	<b>\$3,080</b>

**OVER→**



# St. Michael Catholic School

542 Cypress Ave.  
Murrells Inlet, SC 29576  
843.651.6795 (t) 843.651.6803 (f)  
[www.saintmichaelsc.com](http://www.saintmichaelsc.com)

---

## **Sibling Discount**

Discounts will apply for multiple students in the same family according to the following: \$300 discount per 2<sup>nd</sup> child or more.

## **Financial Aid**

Financial aid is available to students in Grades PreK3-6. If you are interested in applying for tuition assistance, please complete the application via FACTS. FACTS Grant and Aid applications are required for any family who is looking for the potential of tuition assistance. This includes St. Elizabeth Ann Seton Tuition Assistance grant and any parish or school assistance. The FACTS Tuition Management website is: ([www.factsmgmt.com](http://www.factsmgmt.com)). Upon completion of the FACTS Tuition application, our office will be notified of eligibility. **All FACTS applications for tuition assistance are due by Friday, March 15<sup>th</sup>, 2024.** After that time, we will inform you of any financial aid in which you have qualified.

## **Parish Subsidy**

Parish Subsidy is granted at the decision of the Pastor for Catholic students in grades PreK3 - 6th. Members of St. Michael Parish must have record of contributing to the church by using their envelopes in order to be considered for the Catholic rate.

## **Additional Information**

All registration fees are non-refundable and non-transferable. Monthly tuition is due and payable according to FACTS Management payment options. There will be a \$35 late fee charged for all late payments or returned checks. This fee will be added according to the FACTS Management schedule unless arrangements have been made. Final report cards and records will be held if tuition and fees are not current.



# St. Michael Catholic School

542 Cypress Ave.  
Murrells Inlet, SC 29576  
843.651.6795 (t) 843.651.6803 (f)  
www.saintmichaelsc.com

---

## SMCS Tuition/Fees Payment Information (2024 - 2025)

Family Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

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

Student \_\_\_\_\_ Grade Entering \_\_\_\_\_

Student \_\_\_\_\_ Grade Entering \_\_\_\_\_

Student \_\_\_\_\_ Grade Entering \_\_\_\_\_

Student \_\_\_\_\_ Grade Entering \_\_\_\_\_

**Please select the planned frequency of your tuition payments including how and when your fees will be paid. Select one of the next 3 items:**

- ☐ Tuition will be paid in full to SMCS (due July 11, 2024). An administration fee of \$5.00 will be collected by FACTS when your contract is finalized.
- ☐ Tuition will be paid in two equal payments to SMCS (July 11, 2024 and January 6, 2025). An administration fee of \$15.00 will be collected by FACTS when your contract is finalized.
- ☐ Tuition will be paid in 12 monthly payments via FACTS (July 2024 thru June 2025). An administration fee of \$50.00 will be collected by FACTS when your contract is finalized.

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



# St. Michael Catholic School

542 Cypress Ave.  
Murrells Inlet, SC 29576  
843.651.6795 (t) 843.651.6803 (f)  
www.saintmichaelsc.com

## **“FAIR SHARE” Service - to - School Agreement**

### ***Policy Statement:***

In an effort to improve our fundraising obligations and the educational enrichment programs offered to the children of St. Michael Catholic School, the Fair Share Hours Policy was designed to evenly share volunteering responsibilities throughout all registered families. The program will allow for adequate staffing of PTO sponsored events and other scholastic programs that help benefit our school, thus helping to keep our tuition costs lower. It also helps us maintain our “family atmosphere” that makes our school so special. As a result, mandatory service hours are required of all registered families.

The number of service hours required by all registered families at St. Michael Catholic School is a minimum of 7 hours per quarter (a total of 28 hours per academic year). Any parent, legal guardian, grandparent, or immediate family member over 18 years of age may fulfill your family’s service obligation. If you will be volunteering in any capacity that involves our students, Safe Haven, Appropriate Boundaries and Vulnerable Adults certification through the Diocese of Charleston is required along with background screening information. Additional information and registration for Safe Haven can be obtained by visiting <http://charleston.CMGconnect.org>. This is now an online course.

If you are unable to fulfill these hours, you will be required to pay an opt-out fee of \$175 per quarter. Also, there is NO carrying over or sharing of hours.

**This Service-To-School Agreement is required of all registered families.**

Each family must have a signed Service-to-School Agreement form on file in the school office each academic year. Agreement form is issued in packet at time of Registration.

**I have read and agree to the Fair Share Hours Policy.**

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

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

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

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

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

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



# St. Michael Catholic School

542 Cypress Ave.  
Murrells Inlet, SC 29576  
843.651.6795 (t) 843.651.6803 (f)  
www.saintmichaelsc.com

## **After School Program (After-Care):**

Saint Michael Catholic School offers an After School Program (ASP) for all students in grades PK3 through sixth grade. This program begins at dismissal (2:45pm) and ends at 5:30pm daily. We offer a structured daily routine that allows time for homework, snack, outside play (when available), and supervised activities.

## **The rates for our After School Program (ASP) are:**

The daily rate for pre-registered students is \$14.00/day.

For example, if you only need after care on Tuesdays and Thursdays, the weekly rate would be \$28.00/week.

After the first child each additional child is 50% off.

## **Weekly rates are:**

\$70.00 per week for 1 child

\$105.00 per week for a family of 2 children

If you anticipate ever needing to use our After School Program, please fill out the form below and return it to school.

## **AFTER SCHOOL PROGRAM (ASP) REGISTRATION FORM**

### **PLEASE PRINT:** (Please type or print legibly)

Student's Name \_\_\_\_\_  
Last First Middle Nickname

Student's Name \_\_\_\_\_  
Last First Middle Nickname

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

### **Family Information:**

Father or Guardian's Name \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address \_\_\_\_\_  
number street city state zip code

Father's Business/Occupation \_\_\_\_\_  
Name Address Work Phone

Mother or Guardian's Name \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address \_\_\_\_\_  
number street city state zip code

Mother's Business/Occupation \_\_\_\_\_  
Name Address Work Phone

After School Program for my child(ren) is:

☐ Monday \_\_\_\_\_ X \$14.00/day = \_\_\_\_\_  
☐ Tuesday (# of days per week) (weekly rate)

☐ Wednesday Additional sibling's weekly rate is 50% (equal or lesser value.)

☐ Thursday

☐ Friday

☐ I plan to utilize the After School  
Program on an as-needed basis.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date



## **Elementary School RELEASE AND USE OF STUDENT IMAGE, PHOTO, RECORDING OR OTHER MEDIA**

I, the undersigned parent/legal guardian of \_\_\_\_\_, a minor/student in Grade \_\_\_\_\_,  
hereby grant to St. Michael Catholic School, the following rights:

**The right** to use the name, photograph, picture, portrait, voice, appearance, likeness, performance (hereinafter collectively known as "image") of the above minor in connection with its educational, promotional, fundraising activities, or any other legitimate purpose.

**The right** to use, reproduce, publish, exhibit, distribute and transmit the image of my minor individually or in conjunction with other images or printed matter or video tape, recordings, still photography, CD-Rom, and any other manner of media now known or later developed.

**The right** to use, reproduce, publish, exhibit, distribute and transmit the image of my minor individually or in conjunction with other images or printed matter on the school's internet website. No personal information such as home or email address or phone numbers will be published.

**The right** to record, reproduce, amplify, edit and simulate my minor's image and all sound effects produced – for example, when placing a video on the school website.

**The right** to assign the above-mentioned rights to third parties, including the school's yearbook publisher and other Catholic schools that my child(ren) may visit during the school day (ex.- high school shadowing).

I understand that the recording, still photos or other media incorporating the image of minor will become the property of the school. I hereby waive the right to inspect or approve my minor's image or any finished materials that incorporate said image.

I understand and agree that no compensation will be provided, now or in the future, in connection with the use of minor's image and nothing herein will create any obligation on the part of the school to make use of the rights or materials set forth herein.

I hereby release and forever discharge the Bishop of Charleston, a Corporation Sole, DBA the Catholic Diocese of Charleston, St. Michael Catholic School/Church, their agents, employees and assigns from any and all claims, demand, rights, and causes for action of whatever kind that may arise from the use of minor's image, including but not limited to all claims for defamation and invasions of privacy.

I certify that I am parent/legal guardian of the above referenced minor and, unless otherwise noted below, I give my consent to the above for myself and on behalf of said minor. This agreement shall be valid for as long as the above student is attending (enrolled) at St. Michael Catholic School, unless and until revoked in a writing delivered to the school principal, but any such revocation shall not apply to images in existence at the time of such revocation.

☐ **Yes – I consent to the above.**

☐ **No – I do not consent to the above and my child(ren) will  
NOT participate in activities that will or may result in their  
images being used in any manner.**

\_\_\_\_\_  
**Parent/Legal Guardian's Signature**

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



# St. Michael Catholic School

542 Cypress Ave.  
Murrells Inlet, SC 29576  
843.651.6795 (t) 843.651.6803 (f)  
www.saintmichaelsc.com

## Saint Michael Catholic School

### *Parish Verification Letter*

Dear Father:

This family, \_\_\_\_\_, indicated that  
Last Name Father & Mother

their child(ren): \_\_\_\_\_

Last Name

First Name

Grade

\_\_\_\_\_

Last Name

First Name

Grade

\_\_\_\_\_

Last Name

First Name

Grade

\_\_\_\_\_

Last Name

First Name

Grade

\_\_\_\_\_

Last Name

First Name

Grade

and themselves meet the requirements of *Active Registered Parishioner* and are entitled to the Catholic Tuition rate at Saint Michael Catholic School.

Family Envelope #: \_\_\_\_\_ (required)

The above family and student(s) meet the requirements of the policy listed above.

Signature of Pastor: \_\_\_\_\_

Parish: \_\_\_\_\_



# St. Michael Catholic School

542 Cypress Ave.  
Murrells Inlet, SC 29576  
843.651.6795 (t) 843.651.6803 (f)  
www.saintmichaelsc.com

## Student Health Assessment

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_ DOB \_\_\_\_\_

**Emergency Contacts (other than parent): Name, Phone #, Relationship to student:**

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

**Student's Medical History \*Please provide details if "Yes" including medications for the condition, if any:**

ADD/ADHD Medicated (Yes/No) \_\_\_\_\_

Autism (ASD) \_\_\_\_\_

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

Medications: \_\_\_\_\_ Other: \_\_\_\_\_

Emotional Disorders (Anxiety/Depression) \_\_\_\_\_

Asthma: Inhaler needed @ school (Yes/No) \_\_\_\_\_

Blood Disorders (Hemophilia, Sickle cell, anemia) \_\_\_\_\_

Cancer and/or history of: \_\_\_\_\_

Stomach Issues (GERD, IBS, Constipation) \_\_\_\_\_

Covid-19 History: \_\_\_\_\_

Covid-19 Vaccination (type): \_\_\_\_\_

Diabetes (Type-1 or 2): Insulin/ pump/med: \_\_\_\_\_

Eating Concerns/ disorders: \_\_\_\_\_

Ear Infections/Tubes: \_\_\_\_\_

Seizures/Epilepsy: \_\_\_\_\_ Date of last episode: \_\_\_\_\_

History of Concussion: \_\_\_\_\_ Date occurred: \_\_\_\_\_

Fractures (Broken Bones): \_\_\_\_\_

Surgical repair and date: \_\_\_\_\_

Glasses/Contacts: Wears Daily (Yes/No) or just for reading: \_\_\_\_\_

Hearing/ Speech Impairment: \_\_\_\_\_

Heart Problems/Defects: \_\_\_\_\_

Migraine Headaches: \_\_\_\_\_

History of MRSA Infection: \_\_\_\_\_

Neuromuscular Disease: \_\_\_\_\_

History of Surgeries/ Serious Injuries: \_\_\_\_\_

Other Illnesses: \_\_\_\_\_

**OVER →**



# St. Michael Catholic School

542 Cypress Ave.  
Murrells Inlet, SC 29576  
843.651.6795 (t) 843.651.6803 (f)  
[www.saintmichaelsc.com](http://www.saintmichaelsc.com)

**List ANY and ALL Medications that your child takes:**

---

---

---

**PLEASE INITIAL YOUR CONSENT TO THE FOLLOWING TREATMENTS:**

- ☐ Triple antibiotic ointment to cuts/ abrasions
- ☐ Benadryl Cream to minor rashes and bug bites
- ☐ Caladryl or Ivy Dry for poison ivy/ oak / sumac itching
- ☐ Aquaphor/ Vaseline ointment to dry chapped lips/skin
- ☐ Ginger Ale / Sprite for Nausea/ Upset Stomach
- ☐ Salt water rinse for mouth sores
- ☐ Saline eye drops to rinse eyes, if needed
- ☐ Bactine spray to cuts/ abrasions

**\*\*If Health Information Changes during the year, PLEASE contact the school office @ [dwenner@saintmichaelsc.com](mailto:dwenner@saintmichaelsc.com) or call 843-651-6795. Parent/Guardian: PLEASE sign and date this form below and return to School Nurse as soon as possible!! Thanks so much for your cooperation in this matter!!**

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



## PARENT INFORMATION ABOUT MEDICATION PROCEDURES

1. **In no case may any health, school, or staff member administer any medication outside the framework of the procedures outlined here.**
2. **Schools do NOT provide medications for student use.**
3. Medications should be taken at home whenever possible. The first dose of any new medication must be given at home to ensure the student does not have a negative reaction.
4. Medication forms are required for each Prescription and Over the Counter (OTC) medication administered in school.
5. **All medication taken in school must have a parent/guardian signed authorization. No medication will be accepted by school personnel without the accompanying complete and appropriate medication authorization form.**
6. **The parent or guardian must transport medications to and from school.**
7. Medication must be kept in the school health office, or other principal approved location, during the school day. All medication will be stored in a locked cabinet or refrigerator, within a locked area, accessible only to authorized personnel.
8. Parents/guardians are responsible for submitting a new medication authorization form to the school at the start of the school year and each time there is a change in the dosage or the time of medication administration.
9. A Licensed Health Care Provider (LHCP) may use office stationery, prescription pad or other appropriate documentation in lieu of completing Part II. The following information written in lay language with no abbreviations must be included and attached to this medication administration form. Signed faxes are acceptable.
  - a. Student name
  - b. Date of birth
  - c. Diagnosis
  - d. Signs or symptoms
  - e. Name of medication to be given in school
  - f. Exact dosage to be taken in school
  - g. Route of medication
  - h. Time and frequency to give medications, as well as exact time interval for additional dosages.
  - i. Sequence in which two or more medications are to be administer
  - j. Common side effects
  - k. Duration of medication order or effective start and end dates
  - l. LHCP's name, signature and telephone number
  - m. Date of order
10. All prescription medications, including physician's samples, must be in their original containers and labeled by a LHCP or pharmacist. Medication must not exceed its expiration date.
11. All Over the Counter (OTC) medication must be in the original, small, container with a label. **Medication sent in baggies or unlabeled containers will not be given.**
12. The student is to come to the clinic or a predetermined location at the prescribed time to receive medication. Parents must develop a plan with the student to ensure compliance. Medication will be given no more than one half hour before or after the prescribed time.

**OVER→**



# St. Michael Catholic School

542 Cypress Ave.  
Murrells Inlet, SC 29576  
843.651.6795 (t) 843.651.6803 (f)  
[www.saintmichaelsc.com](http://www.saintmichaelsc.com)

13. **Students are NOT permitted to self-medicate. The school does not assume responsibility for medication taken independently by the student.** Exceptions may be made on a case-by-case basis for students who demonstrate the capability to self-administer emergency life-saving medications (e.g. inhaler, Epi-pen).
14. Within one week after expiration of the effective date on the order, or on the last day of school, the parent or guardian must personally collect any unused portion of the medication. Medications not claimed within that period will be destroyed.

I hereby request that the medication specified above be given to the above named student by school personnel. I understand that the school's agreeing to allow the medication to be given is for my benefit and the student's benefit. Such agreement by the school is adequate consideration of my agreements contained herein. In consideration for the school agreeing to allow the medication to be given to the student as requested herein, I agree to indemnify and hold harmless the Diocese of Charleston, its servants, agents and employees, including but not limited to the parish, school, the principal, and the individuals giving the medication, of and from any and all claims, demands, or causes of action arising out of or in any way connected with the giving of the medication or failing to give the medication to the student. Further, for said consideration, I, on behalf of myself and the other parent of the student, hereby release and waive any and all claims, demands, or causes of action against the Diocese of Charleston, its agents, servants, or employees including, but not limited to the parish, the school, the principal, and the individual giving or failing to give the medication.

Parent/Guardian: \_\_\_\_\_  
Print Name

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

Child(ren): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# St. Michael Catholic School

542 Cypress Ave.  
Murrells Inlet, SC 29576  
843.651.6795 (t) 843.651.6803 (f)  
[www.saintmichaelsc.com](http://www.saintmichaelsc.com)

## Request for Records

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

Re: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Student(s)

The above named student(s) has/have enrolled in our school. Please forward his/her records, including health records, social security number, birth certificate, immunization records, IEPs, psychological test results, standardized test results, 504 plans, special education placement papers, and any other pertinent information to us as soon as possible.

To: \_\_\_\_\_ (name of school child is transferring from)

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

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

I hereby authorize the above named school to forward the records requested.

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