



ST. ANTHONY RESIDENTIAL LIFE PROGRAM



St. Anthony Catholic High School (St.A) Agreement Contract 2014-2015 Academic Year

Important: Please read carefully the terms and conditions of this Agreement. Contract is for 1 year. This contract along with the housing deposit and transportation fee (\$1,520) and emergency fund deposits (\$1,000) is required prior to securing a dormitory room for your son/daughter.

Note: All international students who initially start living in the Residence hall are required to continue living in the Program until graduation.

I have read and understand that this agreement is for the 2014-2015 academic year. I understand and agree that by signing the agreement contract I will be provided a room at Madeleine Hall (High School dormitory). This Agreement does not guarantee any particular type or size of room. I agree to pay the established rate of **\$21,500.00 for room & board (deposits and fee are not included).**

Housing Residents also required paying the following:

Housing Deposit (to secure a room on-campus the students are required to submit the housing deposit by date of their application submission).	\$1,100.00 The housing deposit* is partially refundable; \$1,100.00 will be refunded after their last year living in the residence hall. An inspection of the room is completed (damage to room or rooms left dirty will be charged accordingly and deducted from refund).
Transportation Fee (non-refundable)	\$420
Emergency Fund Deposit (to cover any incidental living expenses (i.e. doctor visits, & medications and any sanctioned school expenses).	\$1,000.00
Room/Board	\$21,500 for the academic year or (\$10,750.00 per semester)

Room and Board Plans: Room and Board may be paid according to the options available by the respective school's Business Office:

Tuition must be paid (payable to St. Anthony) according to one of following plans:

Plan Description	Plan Details
Annual Plan*	Total Balance Paid in 1 installment Due Date: 05 July 2014
Semester Plan	Total Balance Paid in 2 Installments Due Dates: 05 July 2014 & 05 December 2014
<i>Monthly payment plans begin on the date designated below and have monthly installments for each consecutive month until the balance is paid in full.</i>	
12 Monthly Payments Plan	Total Balance Paid in 12 Consecutive Monthly Installments Due Dates: Beginning 05 June 2014
11 Monthly Payments Plan	Total Balance Paid in 11 Consecutive Monthly Installments Due Dates: Beginning 05 July 2014
10 Monthly Payments Plan	Total Balance Paid in 10 Consecutive Monthly Installments Due Dates: Beginning 05 August 2014

Payment plans are intended to include ONLY tuition, mandatory fees and room & board costs. Late fees and/or fines are due immediately.

Deposits will be secured in students' accounts for the duration of continuous enrollment. In the event that your child decides not to return for the next academic year, you must formally withdraw according to the policy set forth by Residence Life. The emergency fund deposit is a declining balance; therefore, in the event that your child had expenses you will be required to bring that deposit whole prior to securing a dormitory room for the next academic year. A refund will be processed ONLY AFTER student account balance(s) are satisfied, and checkout (to include notification that student will not be returning for the next academic year) is done properly.

I understand the Residential Life Agreement cannot be cancelled without the approval of the respective Principal (St. Anthony) and the Director of Residence Life.

- Cancellation requests should be emailed to the Director of Residence Life, Diane Sanchez, castaned@uiwtx.edu and Residential Life Coordinator, Elizabeth Valerio gvalerio@uiwtx.edu.
- Contact the respective high school business office for on-line credit card or wire information.

All details regarding the cancellation policy and other agreement information can be found in the St. Anthony School Policy booklet. The terms and conditions of the St. Anthony Agreement Policy are incorporated herein as if fully set forth in this document. By signing this, I agree to comply with the terms of occupancy, the St. Anthony Student Handbook, and agree to be familiar with the policies and procedures set forth by St. Anthony and the Department of Residence Life.

All residents are required to carry their residence hall key and school ID at all times. The resident is required to report the loss of their key or ID to the boarding program and pay for replacement(s).

I understand if I cancel this contract prior to occupancy (with the required approval), my housing deposit of \$1,100.00 will be forfeited. In addition, if my child is removed from housing due to discipline reasons, the housing deposited will be forfeited.

I understand that once my child has taken occupancy, I will be responsible for established rate set forth by this contract. If, I decide to cancel mid-semester there will be a cancellation fee of \$500 and my housing deposit will be forfeited.

My signature below indicates that I accept the Residential Life Agreement Contract.

Parent/Guardian Signature / Date

Resident Name (please print)/Date



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Off-Campus Parent Permissions Form 2014-2015

Quite often, our resident students are invited to spend a night or an entire weekend at the homes of their friends. We permit students to do this with their parents' permission and the **approval** of the residence life coordinator. The following information and subsequent permission is required to allow students to leave the residence hall without staff supervision.

I _____ give my son/daughter _____ the following permissions:

PERMISSION TO GO OUT WITH FRIENDS

All resident weekend permissions are subject to (1) the policies and discipline outlined in the Residential Life Handbook and (2) the discretion of the school administration and Residence Life Staff. Residents must complete the proper paperwork in a timely manner, provide all required information, and check in and out properly with the staff on duty in order to be permitted to leave campus with their friends or family members.

Please choose one of the following options by placing your initialing on the line provided to the left of the choices.

_____ My son/daughter _____ (**Please Print Student's Name**) has permission to go out with the people I have listed below as long as my son/daughter has followed proper procedure for check out and he/she is not under restriction. If a person is not on this list, I expect to be contacted about granting permission for him/her to leave with this person.

_____ My son/daughter _____ (**Please Print Student's Name**) must receive my permission each time he/she desires to go out with someone outside of the residential life program. I realize that if the residence life staff is not able to contact me and receive permission by Thursday at 5pm, my son/daughter will not be able to go out with friends for that weekend.

_____ My son/daughter _____ (**Please Print Student's Name**) is only allowed to go out under the supervision of the Residential Life Staff.

SPENDING THE NIGHT AND/OR WEEKEND OUTINGS

(A responsible adult over the age of 25 must be the person checking-out the resident AND be present in the home for an overnight visit).

With my approval, my son / daughter **DOES** have permission to *spend the night and/ or weekend* at the following homes of their friends and/or relatives stated below. **(The driver/adult MUST have and provide proof of a valid United States issued driver's license, and current vehicle insurance card).**

<u>Name of Friend or Relative</u>	<u>Address</u>	<u>Phone Number</u>



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My son / daughter **DOES NOT** have permission to *spend the night or weekend outing* at the following homes:

<u>Name of Friend or Relative</u>	<u>Address</u>	<u>Phone Number</u>

DRIVING PERMISSIONS

VEHICLES/DRIVING POLICY: *(residents in the residential life program are not allowed to have vehicles, keep vehicles, or drive other people's vehicles while they are a part of the residential life program).*

Please choose one or more of the following options by **initialing** on the line provided to the left of the choices.

_____ I **DO** give my son/daughter permission to ride in high school student driven vehicles. Please fill out form below listing people he/she can and can drive with. **(The student MUST have and provide proof of a valid United States issued driver's license, and current vehicle insurance card)**

_____ I **DO NOT** give my son/daughter permission to ride in high school student driven vehicles.

_____ I **DO** give my son/daughter permission to ride in adult driven vehicles. Please fill out the form below listing people he/she can and cannot drive with. **(The driver MUST have and provide proof of a valid United States issued driver's license, and current vehicle insurance card)**

_____ I **DO NOT** give my son/daughter permission to ride in adult driven vehicles.

_____ My son/daughter is **ONLY** allowed to ride in vehicles owned and/or operated by university staff.

My son or daughter **DOES** have permission to *ride in the vehicles* of the following people with a valid United States issued driver's license and vehicle insurance card **(please indicate if person is an adult or high school student):**

<u>Name of Friend or Relative</u>	<u>Address</u>	<u>Phone Number</u>



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My son or daughter **DOES NOT** have permission to *ride in the vehicles* of the following people:

<u>Name of Friend or Relative</u>	<u>Address</u>	<u>Phone Number</u>

ACKNOWLEDGMENT

This authorization shall be effective as of _____, 20 _____.

Parent/Guarding Printed Name: _____ Date _____

Parent/Guardian Signature _____ Date _____



ST. ANTHONY RESIDENTIAL LIFE PROGRAM
**UNIVERSITY OF INCARNATE WORD/ INCARNATE WORD HIGH SCHOOL/
ST. ANTHONY CATHOLIC HIGH SCHOOL**
RELEASE, WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT

During the course of the school year, the Residence Life Staff employed by the University of the Incarnate Word, St. Anthony's Catholic High School and Incarnate Word High School, (collectively referred to as "UIW") provide transportation for students to many events and outings in university vehicles. These may include transportation to doctor's appointments, grocery store, Korean market, movie theater, shopping trips, field trips, Residence Life sponsored activities, school related activities, and a variety of other types of events, outings, trips, and activities.

Authority: I am the Parent or Legal Guardian of the Participant who will be participating in the Activities. I am fully competent to sign this Release, Waiver of Liability and Hold Harmless Agreement ("Agreement"). I understand that Participant's attendance is voluntary. I am signing this Agreement on my behalf and on behalf of Participant and we shall be bound by the terms of this Agreement. Participant acknowledges that he/she is signing this Release, Waiver of Liability and Hold Harmless Agreement on his/her behalf and agrees to be bound by the terms of this Release, Waiver of Liability and Hold Harmless Agreement. We understand that transportation may be provided by UIW and agree to be transported by UIW or by transportation arranged by UIW. We understand that attendance is voluntary. We pledge that Participant will not possess, use, consume, or distribute any alcoholic beverages or illicit drugs at any time while participating in the Activities. We agree that while participating in the Activities, Participant will abide by the guidelines set forth in the Incarnate Word High School Parent Student Handbook, St. Anthony's Catholic High School Parent Student Handbook, and the Residential Life Program Handbook. We also agree to adhere to all other applicable rules, regulations, and laws while participating in the Activities.

Assumption of Risk: We acknowledge and accept that the mode of lodging, transportation or nature of the Activities may expose Participant to hazards and risks to Participant's health, including injury or death, and that UIW cannot control these risks. We acknowledge there may be physically strenuous activities and certify that Participant is fit and capable of such participation. We understand that UIW is not responsible for any medical expenses associated with any property loss or personal injury Participant may sustain.

Release: In consideration of UIW transporting and permitting Participant to participate in the Activities, we release UIW, and its Board of Trustees, officers, employees, and representatives from any and all liability, our personal representatives, estate, heirs, and assigns for any and all claims, demands and causes of action for any and all loss of personal property, illness or injury to Participant, including death, arising out of, resulting from, caused by, occurring during or in any way connected with the Activities, **including injuries caused by negligence of UIW and/or its Board of Trustees, officers, employees, and representatives, or any other participant in the Activities** that may be sustained by Participant while participating in such Activities, or while on premises owned or leased by UIW.

Personal Insurance: We understand that UIW does not provide medical insurance for Participant and we are urged to maintain adequate personal health and accident insurance to cover any personal injury to Participant which may be sustained while participating in the Activities.

RELEASE, WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT (p. 2)

Indemnity, Hold Harmless, and Waiver: We agree to indemnify and hold harmless, waive and covenant not to sue UIW, its Board of Trustees, officers, employees, and representatives from liability for the injury or death of any person(s) and damage to property that may result from Participant's negligent or intentional act or omission while participating in the Activities. It is our express intent that this Covenant Not to Sue and



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Agreement to Hold Harmless shall bind the members of our family and spouse, if we are alive, and our heirs, assigns and personal representatives, if we are deceased, and shall be governed by the laws of the State of Texas.

WE HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND THAT IT IS A RELEASE, WAIVER AND HOLD HARMLESS OF LIABILITY OF ALL CLAIMS AND CAUSES OF ACTION FOR ANY INJURY OR DEATH TO PARTICIPANT THAT OCCURS WHILE PARTICIPATING IN THE DESCRIBED ACTIVITIES AND IT OBLIGATES US TO INDEMNIFY THE PARTIES NAMED FOR ANY LIABILITY FOR INJURY OR DEATH OF ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY PARTICIPANT'S NEGLIGENT OR INTENTIONAL ACT OR OMISSION.

As a high school student, I have read, understood, and discussed with my parent or guardian identified below, this Release, Waiver of Liability and Hold Harmless Agreement. We hereby accept the terms and conditions stated in this Waiver of Liability and Hold Harmless Agreement.

THIS DOCUMENT WILL BE CONSIDERED EFFECTIVE ON THE DATE SIGNED

Student's Signature

Parent/Guardian's Signature

Print Name of Student

Print Name of Parent/Guardian

Date

Date

EMERGENCY INFORMATION

Person(s) to contact in case of emergency: _____

Cell Phone #: _____ Home Phone #: _____

Health Insurance Provider _____

Health Insurance Policy Number: _____

Health Insurance Telephone Number: _____

ACKNOWLEDGMENT

This authorization shall be effective as of _____, 20 _____.

Parent/Guardian Printed Name & Signature _____



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AUTHORIZATION AND MEDICAL CONSENT OF PARENT(S) OR LEGAL GUARDIAN(S)

I, (name) _____, do hereby solemnly swear that I am the parent or legal guardian of (child name) _____, a minor child (hereafter "the minor"), and have legal custody of the minor child.

I grant my authorization and consent for the Residence Life staff of Incarnate Word High School, St. Anthony's Catholic High School, and University of the Incarnate Word (hereafter "Supervising Adult") to administer general first aid treatment for any minor injuries or illnesses experienced by the minor. If the injury or illness is life threatening or in need of professional emergency treatment, I authorize the Supervising Adult to summon any and all professional emergency personnel to attend, transport, and treat the minor and to issue consent for any X-ray, anesthetic, blood transfusion, medication, or other medical diagnostic, treatment, or hospital care (including surgery) deemed advisable by, and to be rendered under the general supervision of, any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to practice in the state in which such treatment is to occur.

I agree to assign the benefits of personal coverage of medical insurance for the minor to the appropriate providers of his/her medical care. In the event that appropriate medical coverage under my medical insurance plan is unavailable, insufficient, or denied with respect to the treatment or services provided to the minor, I agree to assume all financial liability and responsibility for all expenses and costs associated with said transportation and/or treatment of his/her illness or injury. Also, I authorize the hospital, attending physician, or other health care specialist administering the treatment to release pertinent information to the insurance company assuming coverage for the same.

In consideration of the Residence Life staff of Incarnate Word High School, St. Anthony's Catholic High School, and University of the Incarnate Word caring for the minor and agreeing to intervene on my behalf to provide or make arrangements to provide medical assistance to him/her as needed, I agree to release and indemnify the University of Incarnate Word, Incarnate Word High School, and St. Anthony's Catholic High School, including their respective trustees, directors, officers, faculty, staff, employees, servants, and other agents and assigns from all liability and responsibility for any claims, demands, actions or other proceedings for any personal injury, accident, damage, expenses, or other loss caused, suffered or incurred by the minor or any other person or entity arising out of his/her/its participation in the boarding program.

I acknowledge that I have read and understand the above statements and that if I am unable to do so, for whatever reason, I have had them read to me and I am confident that the individual so doing has read and/or translated the statements truthfully and in their entirety.

It is understood that this authorization is given in advance of any such medical treatment, but is given to provide authority and power on the part of the Supervising Adult in the exercise of his or her best judgment upon the advice of any such medical or emergency personnel.

I, the undersigned, hereby specifically authorize the University of Incarnate Word, St. Anthony's Catholic School and Incarnate Word High School Residence Life staff and/ or any authorized member of its staff or duly affiliated consultant to provide care and treatment to the student and to arrange for routine medical needs and emergency treatment as deemed necessary.

A photocopy of this authorization shall be as valid and may be accepted as the original.

This authorization shall be effective as of _____, 20 _____.

Parent/Guarding Printed Name: _____ Date _____

Parent/Guardian Signature _____ Date _____



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Temporary Delegation of Parental Rights and Limited Medical Power of Attorney for Consent to Medical Care of Minor Child (**Requires Notarization)

Child's Name

Child's Birth Date

I am the Parent and/or Legal Guardian of the Child named above who is under 18 years of age and enrolled at Incarnate Word High School or St. Anthony Catholic High School. I am fully competent and legally authorized to sign this Temporary Delegation of Parental Rights and Limited Medical Power of Attorney for Consent to Medical Care of Minor Child and I do so voluntarily. I am signing this document on my behalf and on behalf of my child.

Authorized Person and Agent: By signing this document, I hereby appoint and authorize the University of the Incarnate Word, 4301 Broadway, San Antonio, Texas 78209, 210-829-6000, by and through its employees named below to act as my child's agent to consent to any and all healthcare and treatment for my child that is recommended by a licensed healthcare provider to whom the child is presented for treatment. I understand that this document includes receiving health information about the minor necessary to make health care decisions.

1. Name: **Elizabeth Valerio**

2. Name: **Soraida Portales**

3. Name: _____

Release of Healthcare Provider: In order to ensure that the child receives prompt medical care and treatment when necessary, I release any licensed healthcare provider providing medical care to the child in reliance on this form from liability relating to such provider's acceptance of my this consent.

Duration: This document is in effect and valid for the academic year 2014-2015 for the specific following dates:
Beginning on: _____ and ending on: _____

Medical History:

Allergies: _____

Known Medical Conditions: _____

Current Medications: _____

Blood Type: _____ Date of Last Tetanus Shot: _____

AT LEAST ONE PARENT OR GUARDIAN YOU MUST DATE AND SIGN THIS FORM AND HAVE IT NOTARIZED.

Parent's Printed Name

Parent's Signature

Date

Parent's Complete Address

On this day, before me, the undersigned Notary Public, the parent/guardian named personally appeared and freely executed this document and has provided satisfactory evidence of his/her identity.

Signature - Notary Public

Date

My commission expires: _____



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LIVING IN A COMMUNITY—ROOMMATE RIGHTS & RESPONSIBILITIES

We, at St. Anthony Residential Life Program, strive to promote a safe, comfortable, and inviting community. Each resident is responsible for reviewing the handbook and abiding by the rules, regulations, and standards therein. All students are expected to exercise self-discipline, social maturity, and respect for public and private property. The St. Anthony Residential Life Handbook outlines the following rights and responsibilities within our communities:

Right to an environment conducive to studies and rest	Responsibility to limit distractions that inhibit the promotion of an environment conducive to studies and rest
Responsibility to ensure that daily actions do not disrupt the community	Responsibility to care for self;
Right to recreate in or around the residence halls	Responsibility to modify recreation so as not to interfere with others or damage the facilities;
Right to personal privacy	Responsibility to respect individual's personal space and possessions
Right to respect of personal time and space	Responsibility to abide by visitation hours and respect the personal space of others
Right to facilities which are clean, healthy, safe, and orderly	Responsibility to respect all property, to keep common areas free of litter, to report vandalism, and to request necessary repairs
Right to the redress of grievances and recourse to due process in the University judicial system	Responsibility to cooperate with University grievance and judicial procedures, to refrain from conduct which infringes upon the right of others, and to initiate action should the circumstances warrant
Right to be free of intimidation, physical and/or emotional harm to include being free from peer pressure or ridicule regarding the choices surrounding substance use, organizational involvement or to allow others to violate the law or University policy	Responsibility to respect all individuals and to preserve the integrity of the community by adhering to community policies and the Student Code of Conduct

Roommate/Suitemate Relationships

Communication between roommates is the key to establishing a positive relationship. This relationship will contribute to your overall satisfaction with college life. Roommates/suitemates should discuss any problems that arise, and should work together to resolve any differences. Keep in mind those individual rights to sleep, study, and to privacy precede all other rights, including visitation and other privileges.

To ensure this communication occurs, it is our expectation that each resident completes The Roommate/Suitemate Agreement Form on the 1st class day of the semester, unless otherwise noted by a Residence Life Administrator. This form must be submitted to the Resident Assistant upon completion.

Parent/Guardian Name & Signature: _____

Date: _____

Resident Name & Signature: _____

Date: _____



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PODCASTING, PHOTOGRAPHIC, AND OTHER MEDIA CONSENT AND RELEASE FORM

I authorize and grant to the University of the Incarnate Word (UIW), St. Anthony Catholic High School, and Incarnate Word High School, all of which are referred to collectively in this agreement as UIW, and those acting pursuant to its authority, a non-exclusive, perpetual, worldwide license to:

1. Record my participation, likeness and/or voice on a video, audio, photographic, digital, electronic, hosted media, web-based service or any other medium, including podcasting;
2. Use my recorded likeness and/or voice on a video, audio, photographic, digital, electronic, hosted media, web-based service or any other medium, including podcasting;
3. Use my name and identity in connection with these recordings;
4. Use, reproduce, exhibit, or distribute in any medium (e.g. print publications, video tapes, CD-ROM, Internet, podcast) my recorded likeness and/or voice on a video, audio, photographic, digital, electronic, or any other medium without restrictions or limitations for any educational or promotional purpose which UIW and those acting pursuant to its authority, deem appropriate, including promotional efforts.
5. Distribute the medium over the internet using formats that allow downloading and playback on mobile devices and personal computers, for the purpose of making the work available in any format through iTunes or other web-based service.
6. Make and maintain more than one copy (hard-copy and/or digital copy) of the work for purposes of security, back-up and preservation.

I release UIW and those acting pursuant to its authority, from liability for violation of any personal, intellectual (including copyright) or proprietary rights I may have in connection with uses of the recordings authorized above. To the extent required, I hereby grant and assign all copyright in the podcast, video, audio, photographic, digital, electronic, or any other medium utilized to UIW. I waive any right to inspect or approve the final use(s) of the video, audio, photographic, digital, electronic, podcast or any other medium. As to the video, audio, photographic, digital, electronic, podcast itself, or any other medium, I understand and agree that UIW shall have exclusive ownership of the copyright and other proprietary and property rights in the work.

I waive any rights, claims, or interests I may have to control the use of my likeness, voice, name, recordings, and/or identity in the recordings and podcasts authorized above. I agree that any uses described above may be made without compensation or additional consideration to me. I agree that UIW shall have the right to remove the work from the hosted media or web-based service at anytime without prior notice for any reason deemed to be in UIW's best interest.

I waive and release UIW and its officers, agents and employees from any claim or liability relating to the use of my name, likeness, identity, voice, photographic image, video graphic image and oral or recorded statements in the work, including all claims of compensation, damage for libel, slander, invasion of the right of privacy or any other claims based on, arising out of, or connected with the use of said recordings and podcasts. I agree to indemnify UIW and its officers, employees, agents, successors, heirs, and assigns, for any and all claims, liabilities, damages, and expenses, including reasonable attorneys' fees actually incurred, due to any claimed infringement of copyrights, trade names, trademarks, service marks, right of publicity or privacy, or other proprietary, personal or property right arising from publication of the work through the hosted media or as a result of my breach of any covenant or warranty herein contained.

This Agreement shall be governed by and interpreted in accordance with the laws of the State of Texas.

By my signature, I represent that I have read and fully understand the terms of this release. **(A parent or guardian of youth under 18 must also sign.)**

Name (print): _____ Date of Birth: _____

E-mail Address: _____

Home Phone: _____ Cell Phone: _____

Signature: _____ Date: _____

I HAVE CAREFULLY READ THIS CONSENT AND RELEASE FORM AND AGREE TO ITS TERMS ON MY BEHALF AND ON BEHALF OF THE MINOR CHILD IDENTIFIED ABOVE.

Date: _____

Signature of Parent/Guardian (of youth under 18): _____

Name of project: _____

Date: _____



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Parent Contact Information Form

Student's Name: _____ Student's Nick Name: _____

Date of birth (month/day/year): _____ Age: _____

Student's Email Address: _____

Home Phone #: _____

Student's Cellular Phone #: _____

Home Address (as it should appear on an envelope):

Father's Information

Father's Name: _____

Father's Employer: _____

Father's Work Phone #: _____ Cellular Phone #: _____

Email Address: _____

Mother's Information

Mother's Name: _____

Mother's Employer: _____

Mother's Work Phone #: _____ Cellular Phone #: _____

Email Address: _____



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Guardian / Family Friends Contact Form

If you have family, guardians or other people in San Antonio, Texas or in the United States that you would like us to keep in communication with or that can be contacted in case of emergency, please complete the following information:

Resident's Name: _____

Contact 1:

Relationship to Resident: _____

Name: _____ Spouse's Name: _____

Home Address: _____

City: _____ State: _____

Home Phone #: _____ Work Phone #: _____

Other Phone #: _____ Email Address: _____

Preferred Language: _____

Can we contact this person about:

___ behavior ___ grades ___ medical issues ___ Other _____

Contact 2:

Relationship to Resident: _____

Name: _____ Spouse's Name: _____

Home Address: _____

City: _____ State: _____

Home Phone #: _____ Work Phone #: _____

Other Phone #: _____ Email Address: _____

Preferred Language: _____

Can we contact this person about:

___ behavior ___ grades ___ medical issues ___ Other _____



Texas Immunization Requirements

2014-2015

Resident Immunizations:

To complete the residential life program health record we must have the most current listing of all of your child's immunizations. This is required in order for your student to attend high school in the state of Texas. Please attach a copy to this packet.

Please note that all immunizations must include day, month and year and be validated by a physician. A complete immunization record is required by the Texas Department of Health.

Vaccine	Requirement
Bacterial Meningitis Immunization	<ul style="list-style-type: none"> Texas Education Code requires all students residing in on campus dormitories or other on-campus housing facilities to have received the vaccination against meningitis. Provide proof within the last 5 years and at least 10 days prior to the student's arrival. Students will not be allowed to move in until they have submitted this vaccination.
DPT (Diphtheria, Tetanus, Pertussis)	<ul style="list-style-type: none"> Three doses are required with one dose after the 4th birthday Td/Tdap Booster must be given within 10 years of the student's last DPT or Td booster. Therefore, the student must have had a booster within the last 10 years.
POLIO	<ul style="list-style-type: none"> Four or Three doses are required with one dose given after the 4th birthday
MMR (Measles, Mumps, Rubella)	<ul style="list-style-type: none"> One dose is required after the 1st birthday 7th-12th grade students are required to have two doses of a measles-containing vaccine, and 1 dose each of mumps and rubella vaccine
HEPATITIS A	<ul style="list-style-type: none"> Two doses are required with the first dose administered after the 1st birthday
HEPATITIS B	<ul style="list-style-type: none"> Three doses are required
VARICELLA (Chickenpox)	<ul style="list-style-type: none"> One dose is required unless the child was 13 when they received the first dose, then 2 doses are required A written validated history including the date of the disease by parent or physician is also acceptable

Spinal Screening: A spinal screening will be done for all freshmen on the day of registration or in the first semester. Please dress accordingly. Alternatively, you may bring a doctor's note for a screening performed during the 8th grade or upon entering the 9th grade.