

2018-2019 Academic Year

WAIVER OF INSURANCE

This form is to verify that _____ (Print son/daughter name)
is covered by a family/group medical health insurance plan.

The parent/guardian assumes the responsibility of insuring that their medical health insurance policy remains in effect throughout the school year, and any lapse in coverage will be reported immediately to the School Office.

As parent/guardian, I assume the responsibility of providing continual medical health insurance coverage for my children.

Initials of Parent/Guardian

PUBLICITY

On occasion, the school named above takes photographs or makes an audio or video recording of children and/or adults involved in school or parish activities. Such photographs or video records may be used by staff and participants to remember the activities or participants. In addition, such photographs and audio/visual recordings may be used in school or parish publications or advertising materials to let others know about the school or parish. Also, local news organizations may learn about the school's activities or events, and the school or parish may invite or allow them to photograph or record such events to be used, distributed, or displayed as the agents of the school or parish see fit.

I hereby expressly grant to the school named above, its affiliated parish(es), and/or the Catholic Diocese of Peoria the right, privilege and license to use the picture or likeness of my child/children in any photograph, movie, video production or any other forms of media publication and to use the verbal or written statements or declarations of my child/children for the purpose of publicizing, fostering and promoting the school and its programs, or for any other purpose in furtherance of the mission of the school, its affiliated parish(es), and/or the Catholic Diocese of Peoria.

Name of Student(s): _____

Initials of Parent/Guardian

SKYWARD VERIFICATION FOR RETURNING FAMILIES

I have reviewed my student(s) skyward account and verified that all information is up to date.
____ Yes, information is correct and up to date. ____ I will need help to change the following:

Signature of Parent/Guardian

Date

Printed Name of Parent/Guardian