



St. Frances Academy
501 East Chase Street
Baltimore, MD 21202
The School Founded by Mother Mary Lange in 1828
Celebrating 190 years of service to God's people!

February 16, 2018

Dear Saint Frances Academy Parent/Guardian,

It is customary at this time of year for me to inform you about the changes in tuition and fees for the coming year. We have decided to allocate resources such that no student has to pay more than \$9,350 in tuition (excluding class fees). Fees will remain unchanged from last year.

What does this mean for you? If you reregister your child **no later than Friday, March 16, 2018** you will not have to submit tax transcripts. Your student's class fees will be adjusted corresponding to your child's grade level as we have always done.

Reregistration includes the following:

1. \$150 reregistration fee is paid in full.
2. The reregistration packet is complete and turned into the main office.
3. Your March 2018 tuition is paid in full.
4. You have no other outstanding financial obligations to the school.

Again, the above items must be complete by March 16th. There is one final step to complete the process.

You must be fully enrolled in *SMART Tuition* no later than Friday, April 27, 2018.

Please note: If miss *either* of these deadlines, you will have to start the entire tuition process from the beginning (including submission of tax transcripts). Also, after March 16th the reregistration fee will go up to \$250 and *financial aid is no longer guaranteed*.

Reregistration packets and *SMART Tuition* paperwork will be available beginning Tuesday, February 20, 2018.

Please note that these financial policies apply to returning students only.

Thank you for your continued commitment to Saint Frances Academy and we look forward to welcoming you all back for the 2018-2019 year.

In God's Providence,

Deacon Curtis Turner, Ed.D.
Principal

Saint Frances Academy
www.sfacademy.org
 501 E. Chase Street, Baltimore, MD 21202
 (410) 539-5794 fax (410) 685-2650



RE-REGISTRATION FORM

Re-Registration Fee	\$150.00 Non-Refundable. Must be paid by March 16, 2018
Late Re-Registration Fee	\$250, if paid after March 16, 2018

STUDENT INFORMATION

PLEASE COMPLETE THE FOLLOWING WITH THE MOST CURRENT INFORMATION. IF YOU WILL BE MOVING IN THE NEAR FUTURE, PLEASE PUT YOUR NEW ADDRESS ON THIS FORM.

MOTHER'S NAME	EMAIL ADDRESS
ADDRESS (IF DIFFERENT FROM STUDENT)	
HOME PHONE	CELL PHONE
WORK PHONE	
CHILD'S NAME	DATE OF BIRTH
ADDRESS	
LAST GRADE COMPLETED	GRADE FOR THE UPCOMING YEAR
SEX	RELIGIOUS AFFILIATION

PARENT/GUARDIAN INFORMATION

FATHER'S NAME	EMAIL ADDRESS
ADDRESS (IF DIFFERENT FROM STUDENT)	
HOME PHONE	CELL PHONE
WORK PHONE	
GUARDIAN'S NAME	EMAIL ADDRESS
ADDRESS (IF DIFFERENT FROM STUDENT)	
HOME PHONE	CELL PHONE
WORK PHONE	

OVER

EMERGENCY INFORMATION:

Parents/Guardians will be contacted first in every case of emergency. If for any reason a parent cannot be reached, please supply the following information:

NAME OF EMERGENCY CONTACT	RELATIONSHIP TO STUDENT
HOME PHONE NUMBER	ALTERNATE NUMBER
ADDRESS OF CONTACT PERSON	

Parent Statement: If Parent/Guardian/Emergency Contact Person cannot be reached, I authorize SFA to call the Emergency Services if that action should be deemed necessary. I agree also to assume responsibility for expenses incurred in the handling of this emergency.

It is understood that this consent will stand, as authorized only if impossible to reach parent/guardian/ emergency contact at the time of such an emergency. This authorization will remain in effect until revoked by me in writing or until my son/daughter has concluded attendance at St. Frances Academy.

Mother's Signature: _____ Date: _____

Father's Signature: _____ Date: _____

Guardian's Signature: _____ Date: _____

DATE RE-REGISTRATION RECEIVED:	DATE RE-REGISTRATION FEE PAID
RECEIPT #	PAYMENT TYPE CARD, CASH, MONEY ORDER, CERTIFIED CHECK
RECEIPT #	PAYMENT TYPE CARD, CASH, MONEY ORDER, CERTIFIED CHECK

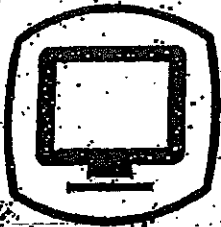
OFFICIAL USE ONLY



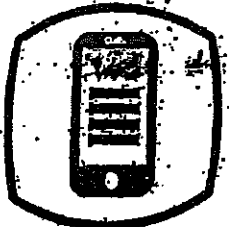
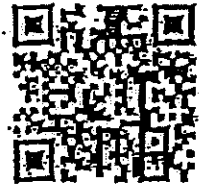
Taxpayer Assistance Center

Need a Tax Return Transcript?

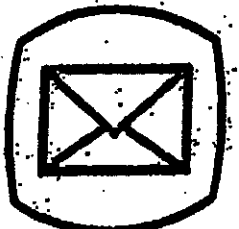
We offer 4 Easy Options



1 Online — Go to [IRS.gov/transcript](https://www.irs.gov/transcript) to download a copy of your tax return transcript immediately or have one mailed to you.



2 IRS2Go Mobile App — Request a return or account transcript using your smartphone. [IRS.gov/irs2go](https://www.irs.gov/irs2go)



3 Mail — You can fill out Form 4506-T or Form 4506T-EZ and mail it to the IRS to request your transcript. Form 4506-T is available at [IRS.gov/form4506t](https://www.irs.gov/form4506t). Form 4506T-EZ is available at [IRS.gov/form4506tez](https://www.irs.gov/form4506tez).



4 Call — 1-800-908-9946 and follow the voice prompts.

Transcripts sent to your home address will be mailed free of charge. Please allow 5 - 10 calendar days for delivery. You can order an exact copy of a previously filed and processed tax return, including attachments and Form W-2, by completing Form 4506, *Request for Copy of Tax Return*. Mail the completed form with \$50 for each tax year requested to the address in the instructions. Form 4506 is available at [IRS.gov/form4506](https://www.irs.gov/form4506). Generally copies are available for the current year and the past six years. Either spouse can submit and sign Form 4506 to request copies of jointly filed tax



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You can get various [transcript types](#) online or by mail. If you need your prior-year **Adjusted Gross Income (AGI)** to e-file, choose the **tax return transcript** type when making your request.

The method you used to file your tax return, e-file or paper, and whether you had a balance due, affects your [current year transcript availability](#). **Note:** If you need a photocopy of your return, you must use [Form 4506](#).



What You Need

To register and use this service, you need:

- your [SSN](#), date of birth, filing status and mailing address from latest tax return,
- access to your email account,
- your personal account number from a credit card, mortgage, home equity loan, home equity line of credit or car loan, and
- a mobile phone with your name on the account.

What You Get

- View, print or download your transcript
- [Transcript types](#) available online
- Username and password to return later

What You Need

To use this service, you need your:

- [SSN](#) or [Individual Tax Identification Number \(ITIN\)](#),
- date of birth, and
- mailing address from your latest tax return

What You Get

- Transcripts arrive in **5 to 10 calendar days** at the address we have on file for you
- [Transcript types](#) available by mail

Visit our [Get Transcript frequently asked questions \(FAQs\)](#) for more information.

CAUTION: We never call or send email or text messages asking you to provide information or log in to obtain a transcript or update your profile. Visit [report phishing](#) for instructions if you are unsure about the authenticity of any "unsolicited" communication you receive, other than US mail, claiming to be from the IRS.



s Academy
 501 E. Chase Street
 Baltimore, MD 21202
 410-539-5794 (main office)
 410-685-2650 (fax)
 www.sfacademy.org

**2018-2019 Re-Registration
 FAMILY FINANCIAL STATEMENT**

Student Full Name: _____ 2018-2019 Grade Level: _____

Saint Frances Academy tuition cost for the 2018-2019 school year is: \$ 9,350.00

STUDENT FEE SCHEDULE

FRESHMAN/ SOPHOMORES		JUNIORS		SENIORS	
Class Dues:	\$150	Class Dues:	\$300	Class Dues:	\$400
Academic Res:	\$500	Academic Res:	\$500	Academic Res:	\$500
Activity Fee:	\$150	Activity Fee:	\$150	Activity Fee:	\$150
SMART:	<u>\$ 50</u>	SMART:	<u>\$ 50</u>	SMART:	<u>\$ 50</u>
Total:	\$850	Total:	\$1,000	Total:	\$1,100

***All fees are nonrefundable.**

I DO NOT wish to be considered for Financial Aid. YES, I wish to be considered for Financial Aid.

In order to guarantee continued financial assistance and be considered fully re-registered you must complete the following:

1. \$150 registration fee is paid in full.
2. The re-registration packet is complete and turned into the main office.
3. Your March 2018 tuition is paid in full.
4. You have no other outstanding financial obligations to the school.

***The above items must be complete by, Friday, March 16, 2018.**

You must also be fully enrolled in SMART Tuition no later than Friday, April 27, 2018. If not, you will need to go through the entire financial aid process (including submitting your 2017 IRS tax transcripts) and financial aid is *no longer guaranteed* after that date.

St. Frances Academy will be using SMART TUITION for all tuition and student/class fees.

Payer Name: _____ Relation to Student: _____

Address: _____ City: _____

State: _____ Zip code: _____ E-mail: _____

Home phone number: _____ Cell phone number: _____

The payer understands that tuition assistance is contingent upon prompt and current payments. Failure to maintain an up-to-date balance will jeopardize the continuation of any remaining tuition assistance for the school year.

NOTE: Any student who leaves for any reason after September 7, 2018 will be responsible for the tuition through the remainder of the 2018-2019 school year. Additionally, any student who leaves after the deadline will forfeit all outside aid including BOOST. Complete payment of tuition/fees and repayment of the outside aid must be satisfied before official school records can be released.

**2018-2019
Maryland Textbook Program
Income Survey Form**

STUDENT NAME: _____

STREET ADDRESS: _____ CITY, STATE, ZIP _____

AGE OR GRADE LEVELS OF CHILDREN LIVING IN YOUR HOUSEHOLD AND ATTENDING SCHOOL: _____

NAME OF PRIVATE SCHOOL: _____

CITY/COUNTY: _____ STATE/ZIP _____

PUBLIC SCHOOL YOUR CHILD WOULD ATTEND: _____

A. DIRECTIONS:

1. On the chart below, find your family size (family size is equal to the total of parents and children)
2. Circle your family size
3. Make an "X" under YES column if your family income is less than or equal to the income level given.
4. Make an "X" under the NO column if your family income is more than the income level given.

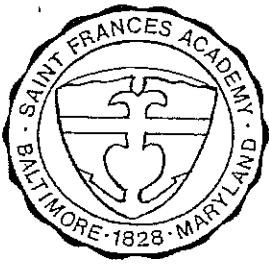
FAMILY SIZE	INCOME PER YEAR	YES	NO
(Total # of children and parents)			
One*	\$21,978		
Two	29,637		
Three	37,296		
Four	44,955		
Five	52,614		
Six	60,273		
Seven	67,951		
Eight	75,647		
For each additional family member add \$7,696			

- This may be a foster child (considered a family of one), an emancipated youth or a special education over the age of 16.

B. Is your household homeless? YES _____ NO _____

C. Does your household receive food stamps or temporary cash assistance (TCA)? YES _____ NO _____

Information will be used for Title I



Dear Parents & Guardians,

The Family Partnership Program (F.P.P.) is a program at SFA that will make a significant difference in our educational environment. We are asking all families of current students to provide the school with a minimum of 10 hours of adult service each year. Any adult member of your family is invited to perform the volunteer hours. Hours worked by students or other children in your family do not count toward the 10-hour minimum.

The Family Partnership Program only operates during the school year. If you are the parent of a senior, you must have your hours completed or paid before May 1st. Parents of freshmen, sophomores, and juniors have until May 28th to meet this obligation. Any family who does not meet the minimum number of hours required for the Family Partnership Program or who chooses not to participate, will be assessed \$15.00 for each hour not completed (\$15.00 x 10 hours for a total of \$150.00). These funds must be paid by the deadlines stated above.

Please select at least two events from the following items:

- Fall Fest
- Soul Food Luncheon
- Faculty Christmas Party
- 3 Cases of copy paper (full 10 hours)
- Spring Fest
- Joe Corbi's Fundraiser
- Spring Fest
- Midnight Madness (Concessions)
- Homecoming (Concessions)

_____ I am able to provide volunteer service at this time. I will make sure that my service obligation is met.

_____ I am NOT able to provide volunteer service. Please find the enclosed payment of \$150.00 (10 Hours X \$15.00 Per Hour). *You will receive a receipt for your payment.*

ACCEPTED FORMS OF PAYMENT: CASH, CREDIT CARD, MONEY ORDER OR CASHIERS CHECK
NO PERSONAL CHECKS ACCEPTED

Student(s) Name: _____

Print Parent/Guardian Name _____

Parent/Guardian
Signature _____



Coppin Clinic at St Frances

CSU Helene Fuld School of Nursing School Based and Community Health Center at St Frances
Academy
501 East Chase Street
Baltimore, Maryland 21202

Dear Parents/Guardians

The Coppin Clinic at Saint Frances Academy would like to welcome you and your student to our clinic. We have been opened since 2003 and are sponsored by Coppin State University College of Health Professions Helene Fuld School of Nursing and St Frances Academy. The purpose of the clinic is to provide health services to the students, their families, faculty and the surrounding community. We are located in the Community Center at Saint France Academy. The clinic is staffed by Nurse Practitioners, nurses, medical assistances, with a physician on call in order to meet the needs of our patients. There is a 24 hour answering services who will relay calls to the Clinic staff who will return your call.

The clinic is available to students between the hours of 8am to 4pm. Patients are seen for acute visits, for example a sore throat or ear ache. The clinic also provides preventative health care for the whole family including yearly physicals, prescriptions, referrals as needed. The State of Maryland requires that all students be fully immunized. Your child may receive any missing vaccinations at the Coppin Clinic prior to the start of school.

Please note. No student will be admitted without being fully immunized because it is the law and it is for the safety of all of our students.

Services Provide Include:

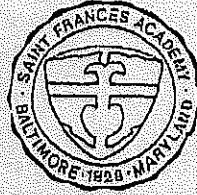
Health Care for children and adults
Weight management education
Assistance with obtaining insurance
Immunizations Physical exams

Management of chronic health problems
Referrals for x-ray
Sliding fee scale for the uninsured
Sports physicals GYN exams and Pap smears

Please note our number is listed below. It is different than the school number

Health Center Number: 410-528-8747

Saint Frances Academy
501 E. Chase Street, Baltimore, MD 21202



pat.setlow@sacademy.org
(410) 528-8747 fax (410) 528-8748

**COPPIN STATE UNIVERSITY
HELENE FULD SCHOOL OF NURSING
SCHOOL BASED HEALTH CENTER
REGISTRATION FORM**

LAST NAME	FIRST NAME	MIDDLE INITIAL	SEX
RACE/ETHNICITY	SOCIAL SECURITY NUMBER	BIRTH DATE	
ADDRESS (STREET NUMBER AND NAME)	CITY/STATE/ZIP CODE	HOME PHONE	
PARENT/GUARDIAN NAME	DAY TIME PHONE	ALTERNATE PHONE	
EMERGENCY CONTACT NAME	EMERGENCY CONTACT PHONE	RELATIONSHIP TO CHILD	

PLEASE COMPLETE THIS FORM IF YOU WOULD LIKE TO ENROLL YOUR CHILD IN THE SCHOOL BASED HEALTH CENTER AT SAINT FRANCES ACADEMY.

I grant permission for my child _____ to enroll in the school-based health center. I consent to his/her receiving health services that can include physical examinations, treatment for acute and chronic health problems, health education, mental health counseling, and limited diagnostic tests. I give consent for the submissions of all claims, if applicable, to my private insurer, managed care organization (MCO) or HMO and authorize direct payment to the SBHC.

- I understand that if my child is registered with a Managed Care Organization (MCO) through Medical Assistance, he/she can still receive treatment for acute or urgent health problems from the school health center. A summary of the visit will be sent to the primary care provider/MCO.
- I understand that school personnel will **not** have access to *any* of my child's medical records and the results of all examinations or counseling are strictly confidential.

Signature of Parent/Legal Guardian _____ Date _____

PROVIDER INSURANCE INFORMATION

Name of Student's Primary Provider (Doctor or Clinic)	Phone #
Address	
<i>IF YOUR CHILD HAS MEDICAL ASSISTANCE PLEASE COMPLETE THE FOLLOWING</i>	
CHILD'S Medical Assistance #	Name of Managed Care Organization: If you have not selected a MCO, write none
<i>IF YOUR CHILD HAS PRIVATE INSURANCE: PLEASE COMPLETE THE FOLLOWING</i>	
Name of Policyholder	Relationship to child
Policy # or Social Security # (Please include suffixes or prefixes)	Place of Employment
Phone	Employment Address
Name of Insurance Company	

A CHILD WILL NEVER BE DENIED SERVICES BECAUSE OF LACK OF INSURANCE



Coppin Clinic at St Frances
Coppin State University College of Health Professions
(Helene Fuld School of Nursing
School Based and Community Health Center)
Medical Information Form
2017-2018 School Year



Student's Name	Grade and Date of Birth
Name of Parent/Guardian	Parent/Guardian Contact Numbers Cell Work
Emergency Contact Name and Relationship to Student	Emergency Contact Numbers Cell Work

Medical History

Does your child have or have a history of:

Allergies Seizures Hearing Problem Speech Problem
 Asthma Eating Problems Vision Problems Anemia
 Bleeding Problems Use of special equipment

Authorization to Administer Medication

The Discretionary Medication that may be Administered	
Antacid (Tums/Maalox)	Ibuprophen (Advil, Motrin)
Acetaminophen (Tylenol)	Diphenhydramine (Benadryl)

If you choose to have your student have the above listed discretionary medication, please sign and date below.

Parent/Guardian Signature _____ Date _____

The Coppin Clinic at St Frances is located in the Community Center
 Phone Number 410-528-8747
 Fax Number 410-528-8748



**Coppin Clinic at St Frances
501 East Chase Street
Baltimore Maryland 21202
410-528-8747**



Dear parents/Guardian,

According to Maryland School Immunization Regulations (COMAR 10.06.04), to be allowed in school, students must be immunized according to the Maryland Recommended Childhood Immunization Schedule.

If you are unable to get an Immunization appointment with your child's health care provider, call your local health department.

You may either your child to his/her doctor, or you may sign consent for your child to receive the immunization in the school based health center.

THE LAST TEN YEAR

Your child should have the following vaccination documented:

5 DTAP'S

4 POLIO

4 Hib

3 HEP B

2 MMR (Measles , MUMPS, RUBELLA)

2 VARICELLA Vaccine (or proof of disease from physician)

1 tetanus: Within the last 10 years

Please note our phone and fax are different the main school.

Please contact the health suite at (410) 528-8747 if you have any questions.

Our fax number is (410) 528-8748

PATRICIA D SETLOW DNP,CRNP,FNP-BC



**Coppin Clinic at St Frances
501 East Chase Street
Baltimore Maryland 21202
410-528-8747**



To incoming parents 2018

All student must be fully immunized PRIOR to starting school. It is the law.

Please contact your child's previous school or your clinic or doctor for the record.

If your child needs immunization, please make an appointment for your student at the coppin clinic at St.frances our school based health center.

No student will be allowed to start school without having a complete immunization record This is to protect your student as well as other students.

Contact the clinic at 410-528-8747 if you have help to have your student's record sent .Record may be faxed to 410-528-8748.

You will receive a receipt that your student's record are complete , and this should be presented to the school on the first day of class.

Thank you for your cooperation for this matter

Patricia D Sedow DNP,CRNP, FNP_BC

Mia Houston medical assistant

Saint Frances Academy
501 E. Chase Street, Baltimore, MD 21202



www.sfacademy.org
(410) 539-5794 fax (410) 685-2650

COUNSELING DEPARTMENT

ACKNOWLEDGEMENT OF COUNSELING PROGRAM

What is Counseling?

Counseling is sorting through difficult times in life's journey with the help of another person who can listen to you and help you make things clearer. Counselors do not give advice or solve your problems for you. Some problems cannot be solved but you can learn to cope (or deal with) these problems. Counseling may be short-term (a few sessions) or long-term (a year or more) depending on the issues and goals of the client. The counselors are also here to help students address behavior issues that may be interfering with academic or athletic success. To go to counseling does not mean you're "weak" or "mental". Everyone needs someone to talk to and counselors are trained to listen and support you.

Serving Students and Families

The students at St. Frances are made aware of the counseling program and may request counseling at any time. A teacher, administrator, or parent may also refer a student for counseling, but the decision to participate is that of the student. Students receive counseling during the school day and may miss a class to participate in counseling. Every effort is made to schedule counseling during elective courses. Again, counseling is a resource to assist students as they sort through the challenges of adolescence. Students may attend skill building or support groups in addition to individual counseling. Group counseling topics include: grief, self-esteem, social skills, character building and self esteem building.

A parent may be contacted by a child's counselor if

- there is a threat that the child is a danger to him/herself or someone else,
- the child requests a family session, or
- additional services may be appropriate for the child.
- lead poisoning & addiction support groups also available to families and caregivers.
- Wellness an self-care support available to any and all staff members.

The counseling services at St. Frances Academy are available not only to the students but to their families as well. A parent may request to meet with one of our counselors at any time by contacting the Director of Counseling Deacon D. Lavender

The Counseling Staff

There is a Licensed Clinical Professional Counselor on staff at SFA. In addition, SFA recruits college interns each year who are participating in Master Degree programs and are supervised by the professional counseling staff at SFA and Clinical Mental Health at Loyola University of Maryland.

COUNSELING DEPARTMENT

Notice of Privacy Practices

Privacy is a natural concern for all those who seek counseling. It is also complicated because of federal and state laws that govern it and the general standards of the counseling profession. This notice describes how personal information about you may be used and disclosed.

When you elect to participate in the counseling program personal history information is collected and goes into your file in the counseling department. The information we collect from you is called in the law PHI, which stands for Protected Health Information. This information is not available to the school administration, faculty, staff, or any other interested parties outside of the counseling department of St Frances Academy. The PHI gathered is used to determine your counselor, establish goals for counseling, assess the effectiveness of the counseling you receive, and determine additional services you may need. Your PHI is only used by the intake person, your counselor and your counselor's supervisor. Some portion of your PHI must be shared with your counselor's supervisor in order to ensure that your counselor is held accountable for providing you with proper service. Some portion of your PHI may also be shared with other counselors during group supervision for educational purpose. This is usually done through case presentation where counselors present information on one of their clients. The client's name is not used during case presentations.

Your file containing your PHI is always kept secured in a locked file cabinet located in a locked room in the counseling department. Only counseling staff has access to student files. If you are not a student only your counselor has access to your files. PHI kept in your file is likely to include: your history gathered during intake, reasons you came for counseling, diagnoses (medical terms for your problems/symptoms), treatment plan (goals for your time in counseling), progress notes (summary of each session), information received from other agencies where you received services, psychological test scores, information about medications you are taking. This however is not a comprehensive list.

Your PHI is not disclosed to anyone outside of the SFA Counseling department except in the following situations:

- You (your legal guardian if you are under the age of 18) provide written consent for us to share your information with another agency/mental health professional
- When required by law
 - We have to report suspected child abuse (current or past)
 - If you are involved in a legal proceeding and we receive a subpoena, discovery request, or other lawful process, we may release some of your PHI. We will make every effort to notify you before releasing any information.
- To prevent serious threat to health or safety
 - If we come to believe that there is a serious threat to your health/safety or that of another person, because you reveal during counseling some serious thoughts of self-harming, suicide or other-harming, we can disclose some of your PHI.
- For statistical purposes
 - Some PHI information may be released to the SFA development office to justify the need for counseling services, to obtain funding for the school, and/or for marketing of SFA Academy. This information is provided in general format. Names or other identifying information is not provided. Examples of information disclosed to the development office include: # of students in counseling, # students accessing social work services, types of issues seen in counseling.

COUNSELING DEPARTMENT

Parent Acknowledgement of Counseling Program

I have received the information explaining the counseling department at Saint Frances Academy and the Notice of Privacy Practices. I understand that my child may choose to participate in counseling at any time as a student at SFA without my knowledge. I recognize that information discussed in the counseling session may not be shared with me unless

- there is a threat that my child is a danger to him/herself or someone else
- my child requests a family session
- my child requires additional services

I understand that if my child is threatening suicide I will be contacted to take my child to the emergency room for evaluation. If the counselor is unable to reach me my child will be taken to the closest emergency room for evaluation and I will be contacted.

Child's Name (print)

Parent(s) Name (print)

Phone

Parent Signature

Email

Date

ST. FRANCES ACADEMY

501 East Chase Street
Baltimore, Maryland 21212
410.539.5794
www.sfacademy.org

To: Parents/Guardians of SFA students
From: Dr. B. Curtis Turner
Re: Publication Awareness Form

At St. Frances Academy, we may have occasion to take photographs or video of our students for publicity or information purposes. For example, a photograph of your child may appear in the school newspaper, yearbook, or on our website. On occasion, a newspaper, magazine or television program has covered a story or event at St. Frances Academy and has taken photos/video for publication along with the story.

Such publishing generally requires permission. We would appreciate being able to share the "Good News" of St. Frances Academy with the greater community, without violating your child's privacy rights, and respectfully request your permission to do so. Please complete the section below:

Thank you.

B. Curtis Turner, Ed.D.
Principal

St. Frances Academy Publication Awareness Form One student per form

My signature confirms that I am aware that my child may appear in photos or participate in videos representing St. Frances Academy as described above.

Student's Name: _____

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Date: _____