



St. Francis Xavier Catholic School
200 North Washington Street, Junction City, Kansas
66441
785-238-2841 Fax: 785-238-5021
saintxrams.org

Application Procedure

Application Checklist:

- Have you completed the application and signed it?
- Did you enclose a \$125 registration fee with the application? (\$150 after May 31)

Items due no later than July 30th

- After Care Sign-up (PreK-6, if applicable)
- Authorization for Release of Records (if applicable)
- Birth Certificate (new students only)
- Bus Transportation Form (if you live on Ft. Riley or in designated areas outside city limits)
- Curriculum Fees (K-5 \$225, 6-8 \$250, 9-12 \$275)
- Guardianship/Power of Attorney (if applicable)
- Immunization Record Copy
- Physical Exam Form (required only for students 8 and younger, who are new to Kansas Schools)
- Pre-Participation Physical Evaluation (PPE for students in grades 6-12 participating in sports and/or activities)
- PTO \$10 Family Fee (Cash or Check Payable to St. Xavier PTO)
- Activities \$10 Fee for all Students in 6th-12th Grade (Cash or Check Payable to St. Xavier Activities)
- Call 238-2841 to Make Financial Arrangements

The mission of St. Francis Xavier Catholic School is Educating for Eternity through Faith and Reason.

St. Francis Xavier Catholic School Tuition Information

Registration Fee	\$125 paid before May 31/ \$150 after May 31
Curriculum Fee	K-5 -\$225 / 6-8 -\$250 / 9-12 - \$275

Curriculum fees are used for annual books, classroom materials, technology, and diagnostic testing software.

Tuition	1 Child	2 Children	3 Children
You Pay	\$6000	\$7200	\$8400
Monthly (12)	\$500	\$600	\$700

Payments are made August - July





Saint Francis Xavier Preschool Program

The preschool program is open to children 3 and 4 years of age. Students have the option of attending class in the mornings, afternoons, or full days. Two, three, and five day programs are available. If you are interested in our preschool program or would like to visit the classrooms and meet the teachers, please contact our Principal, Shawn Augustine, for more information at (785) 238-2841, ext. 215 or by email at principal@saintxrams.org.

Preschool Sessions and Fees

Registration fee- \$125 before May 31 (non-refundable)

- \$150 after May 31 (non-refundable)

*Fee includes supplies, such as markers, crayons, and scissors

PreK 3- Must be 3 yrs. old by August 31, 2021

Session	Time	Monthly Fee	Yearly Fee
Tuesday-Thursday AM	8:20-11:20	150.00 for 10 months	\$1500
Tuesday-Thursday PM	12:25-3:25	150.00 for 10 months	\$1500

PreK 4- Must be 4 yrs. old by August 31, 2021

Session	Time	Monthly Fee	Yearly Fee
Mon/Wed/Fri AM	8:20-11:20	200.00 for 10 months	\$2000
Mon/Wed/Fri PM	12:25-3:25	200.00 for 10 months	\$2000
Mon through Fri full day	8:20-3:25	500.00 for 10 months	\$5000



Saint Francis Xavier Catholic School

200 N. Washington St.
Junction City, Kansas
66441

Phone: 785-238-2841
Fax: 785-238-5021
saintxrams.org

2021-2022 School Year
Pre - Enrollment Application
Please complete all pages.

Student

Name: _____
First Middle Last Preferred Name

Birthdate: _____ Applying for grade: _____ If PreK (Full Day or Half Day) (AM or PM) M T W T H F (Circle all days enrolled in)

Practicing Catholic Y N Gender: M or F Student's birth order _____ No. of brothers _____ No. of sisters _____

Place of Birth _____

Address: _____ City: _____ State: _____ Zip: _____

Primary Ethnicity American Indian/Alaska Native Asian Black/African American Caucasian
 Native Hawaiian/Other Pacific Islander Hispanic Prefer Not to Answer

Parent/Guardian

Father's/Guardian Name: _____ Home Phone: _____ Cell Phone: _____

Address (if different from student): _____ Religion/Parish _____

E-mail Address: _____ Work Phone: _____

Employer: _____ Occupation: _____ Rank (if applicable) _____

Student lives with: _____ Both Parents _____ Mother _____ Father _____ Other _____

Parents are: _____ Married _____ Divorced _____ Separated Does other parent want school information? YES NO

Other parent contact information: _____

Student Cell Phone: _____

Mother's/Guardian Name: _____ Home Phone: _____ Cell Phone: _____

Address (if different from student): _____ Religion/Parish _____

E-mail Address: _____ Work Phone: _____

Employer: _____ Occupation: _____ Rank (if applicable) _____

Medical Information

Is the student presently seeing a medical professional on a regular basis for a diagnosed condition? _____ Yes _____ No

Diagnosis: _____

Family Doctor/Pediatrician: _____ Phone: _____

Medication(s) prescribed: _____ Taken at home: _____ Taken at school: _____

Is student physically/mentally challenged: _____ Yes _____ No If yes, does he/she require special accommodations? _____

Emergency contact information if parents cannot be reached. The following persons are also authorized to pick up student.

1. Name _____ Relationship: _____ Day Phone: _____ Cell Phone: _____
2. Name _____ Relationship: _____ Day Phone: _____ Cell Phone: _____
3. Name _____ Relationship: _____ Day Phone: _____ Cell Phone: _____

Education

School last attended: _____ Reason for leaving: _____

School Address: _____ State: _____ Zip: _____

Has the student previously been enrolled at St. Xavier? Y N Grade: _____ Has the student ever repeated a grade? Y N Grade _____

Is the student presently being tutored? Y N Subject area of tutoring: _____

Has the student ever had an IEP or 504: Y N If yes, which one? _____

____ Learning Disability ____ Physical Disability ____ Behavioral/Emotional Disorder ____ ADD/ADHD ____ Speech ____ Counseling

If you speak a language other than English at home, please list: _____

Has the student ever received a discipline referral? Y N Reasons(s) _____

Has the student ever been suspended or asked to leave from any school? Y N If yes, please explain: _____

Sacraments Received (If Catholic)

Baptism date: _____ Parish: _____ City: _____ State: _____

Reconciliation date: _____ Parish: _____ City: _____ State: _____

Holy Eucharist date: _____ Parish: _____ City: _____ State: _____

Confirmation date: _____ Parish: _____ City: _____ State: _____

If your child has not made his/her Sacraments, are you interested in them doing so? _____ If yes, what sacrament(s) are you interested in? _____

Siblings in family presently attending St. Xavier:

1. Name _____ Grade: _____ 3. Name _____ Grade: _____

2. Name _____ Grade: _____ 4. Name _____ Grade: _____

Please be sure to submit the following documents on the next page in order to complete your application.

PLEASE READ IMPORTANT INFORMATION BELOW BEFORE SUBMITTING APPLICATION

The following documents must be submitted before enrollment is considered complete:

1. Kansas Certificate of Immunization (KCI)
2. A copy of the student's Birth Certificate.
3. If Catholic, a copy of the student's Baptismal Certificate.
4. Any Legal / Custodial Documentation
5. A non-refundable application fee of \$125.00 per family made payable to St. Francis Xavier Catholic School, until Monday, May 31, 2021. Application fee is \$150.00 per family beginning Tuesday, June 1, 2021.

I understand and acknowledge that St. Francis Xavier Catholic School may deny admission at any time if it determines that enrollment of the child in St. Francis Xavier Catholic School would not be appropriate. I understand and acknowledge that St. Francis Xavier Catholic School may terminate enrollment at any time if it determines that continued enrollment would be inconsistent with the mission of St. Francis Xavier Catholic School.

Signature of Parents or Guardian

Date of Application

Photo / Video Release Form

To Whom It May Concern please check the following:

I hereby _____ DO / _____ DO NOT give permission for my son/daughter _____ to be photographed or videotaped at St. Francis Xavier Catholic School. I realize that the photo may be published in the newspaper, school brochure, on the internet or other publications. The video may be used for educational or informational purposes regarding the programs or curriculum at St. Francis Xavier Catholic School.

Signed _____ Date _____

St. Francis Xavier Catholic School Technology Acceptable Use Policy

I understand that I may use technology if I abide by the following rules:

1. I will not alter, repair, or modify technology settings, hardware and/or software in anyway.
2. I will not vandalize another student's files or data on the technology.
3. I will not use technology or Internet to access material that is inappropriate, illegal or dangerous, or that advocates violence or discrimination towards other people.
4. I will not post personal contact information about myself or other people online.
5. I will not copy or plagiarize works that are found on the technology or on the Internet.

I understand and will abide by the technology usage agreement. Should I commit any violation, my access privileges may be revoked, disciplinary actions may be taken, and/or appropriate legal action initiated.

Student Name (Print) _____ Signature _____

I give my son/daughter permission to activate and use a controlled e-mail account.

Parent Signature _____

Date _____



Official legal form for the Diocese of Salina
Date _____

FORM B

MEDICAL INFORMATION

This form should be completed for any person (under 19 years of age) in parish religious education, Catholic schools, and youth programs and should be completed on an annual basis at the beginning of the program.

Diocese _____ Parish _____ School _____

Participant's Name _____

Date of Birth _____ Place of Birth _____

PLEASE PRINT OR TYPE

Participant's Regular Physician:

Name (first, middle, last): _____ Phone (including area code): _____

Medical Conditions:

Please list any medical conditions of the participant (asthma, diabetes, epilepsy, etc): _____

List below any physical condition the sponsors, doctors, nurses, or other medical personnel should be aware of:

Insect stings: _____

Fainting spells: _____

Allergies: _____

Ear infections: _____

Seizures: _____

Heart condition: _____

Headaches: _____

OTHER: _____

List any allergies or allergic reactions to medications of the participant: _____

Other pertinent medical information: _____

Date of Participant's last immunizations: MMR _____ TB _____ TETANUS _____

Special dietary needs/restrictions: _____

(over)

Medications:

Prescribed medication now being taken:

Type: _____ Dosage: _____ How often: _____

Activities individual should not participate in: _____

Medical Insurance Information:

Company: _____

Plan Number: _____ Employee Identification #: _____

Emergency Contacts:

Parent or Guardian

Name (first, middle, last): _____

Daytime Phone (including area code): _____ Evening Phone (including area code): _____

Other Contact

Name (first, middle, last): _____ Phone (including area code): _____

Relationship (friend, neighbor, coworker, etc): _____



Date _____

PARENTAL GUARDIAN MEDICAL CONSENT FORM AND LIABILITY WAIVER

This form is to be used for any parish, Catholic school, or diocesan field trips.

Diocese _____ Parish _____ School _____

Destination _____

Name of Participant (minor): _____

Home address: _____

Cell Number _____ Home Phone Number _____ Business Number _____

MEDICAL MATTERS:

The Parish/School/Organization will take all reasonable and prudent care to see that confidentiality regarding the following information is maintained.

I/We hereby warrant that to the best of my/our knowledge, my/our child is in good health, and I/we assume all responsibility for the health of my/our child. I/We understand and acknowledge that any medical expenses related to illness or injury to my/our child are not covered by an insurance program maintained by the Parish/School/Organization or the Diocese of Salina, and that I/we am/are responsible for such expenses.

I/We understand that first aid will be available on the above mentioned trip. I/We further understand that should an accident, injury, or illness occur, medical and/or hospital care will be obtained. I/We realize the sponsors will make a reasonable effort to notify me/us in case of accident, injury, or illness; however, should they be unable to contact me/us, they have my/our permission to pursue a course of medical action which is in the best interest of the child.

I/We understand that a reasonable effort will be made to promptly notify me/us in the event of any serious illness or accident and prior to any major surgery, except when delay in such communication would endanger life. In case of medical emergency, in the event I/we cannot be reached, I/we hereby give permission to the physician or health care provider selected by the adult staff to hospitalize, secure proper treatment for, and order whatever injection, anesthesia, or surgery said physician or health care provider deems necessary for the child.

A doctor, clinic, hospital, or health care provider may proceed with any medical or surgical treatment that such sponsor may authorize.

I further understand that I will be responsible for all medical, surgical, and transportation costs which may be incurred.

Signature: _____
Parent Or Guardian

Date _____

Signature: _____
Parent Or Guardian

Date _____

INSURANCE INFORMATION:

Insurance Company ** _____ Policy No. _____

Policy Holder _____ Date of Birth _____ Occupation _____

Employer _____ Address _____

Employer's phone # _____

** If Blue Cross/Blue Shield Insurance please state if it is Blue Choice, Blue Select, etc.



FIELD TRIP DRIVER INFORMATION SHEET

Parish _____ School _____

1. Driver:	
Name _____	Date of Birth _____
Address _____	Soc. Sec. No. _____
_____	Telephone _____
Driver's License No. _____	Date of Expiration _____

2. Vehicle that will be used:

Name of Owner _____ Model of Vehicle _____
 Address of Owner _____ Make of Vehicle _____
 _____ Year of Vehicle _____
 License Plate No. _____ Date of Expiration _____

Registration Expiration Date _____

3. Insurance Information:

Insurance Company _____
 Policy No. _____
 Date of Policy Expiration _____

Liability Limits of Policy** _____

**Please note: The minimal acceptable liability limit for privately-owned vehicles is \$100,000/\$300,000.

4. Certification:

I certify that the information given on this form is true and correct to the best of my knowledge. I understand that as a volunteer driver, I must be 21 years of age or older, possess a valid driver's license, have the proper and current license and vehicle registration, and have the required coverage in effect on any vehicle used to transport the children.

Signature Date



**SUGGESTED RULES OF CONDUCT CONTRACT
(For Group Activities)**

Participant

THESE GUIDELINES ARE FOR THE BENEFIT AND SAFETY OF THE GROUP:

FOR THE CHILDREN:

This trip will be under the control of specified Sponsors, and all rules and regulations they set forth will be adhered to.

The purchase of, possession of, and/or consumption of any alcoholic beverages/drugs, or any non-prescription drug or stimulant is prohibited.

You are not to participate in any activities which might endanger your safety or the safety of another individual.

You will be responsible for the consequences of any Federal, State, and/or Local law or ordinance which you may violate.

You are not to be the driver of any vehicle; nor are you to be a passenger in any vehicle other than the transportation secured by the sponsors and/or directors of this trip.

No student is to leave the group or the area the group is in without the knowledge and permission of your sponsor.

When a curfew is set, each individual is to be in his/her assigned area at the designated time and behave in such a way as to not disturb others.

There will not be any boys in a girls' room nor girls in a boys' room without the permission and presence of a sponsor.

There will be meetings held at times to discuss the future agenda of the trip. Attendance by everyone is mandatory.

Each individual is responsible for his/her own luggage and other belongings.

Always be early for each assigned assembly time. Do not cause the entire group to be late because of your tardiness.

A SERIOUS INFRINGEMENT OF THESE GUIDELINES WILL RESULT IN THE CHILD'S BEING SENT HOME BY BUS OR OTHER TRANSPORTATION. THE EXPENSE OF THIS PROCEDURE WILL BE BORNE BY THE PARENTS AND/OR GUARDIANS WHO WILL BE CONTACTED AND INFORMED OF THE ACTION AND CAUSES.

(over)

FOR THE PARENTS:

I/We understand that my/our son/daughter is responsible for his/her own behavior and is expected to act in a manner befitting one who is representing our diocese/school/parish.

I/We also understand that if my/our son/daughter seriously breaks the rules listed above, or is otherwise disruptive during the trip, I/We will be contacted, and he/she will be sent home on the bus or other transportation at my/our expense.

My/Our son/daughter and I/we have read the above listed statements and affix our names giving agreement to these guidelines.

YOUTH CONTRACT:

I have read the statements above and hereby agree to follow these guidelines. I further agree that I am responsible for my own behavior and will accept the disciplinary consequences for any prohibited and/or illegal action in which I am involved.

Youth's Signature

PARENT/GUARDIAN CONTRACT:

I/We, as parent(s)/guardian(s), have read the above statements and accept them and the financial responsibility for my/our son/daughter should the need arise.

Parent/Guardian Signature

Parent/Guardian Signature



Official legal form for Diocese of Salina

FORM K

**FIELD TRIP
LIABILITY WAIVER (ADULT)**

In addition to the Field Trip Health Information/Release form, each adult participant, including group leaders and chaperons, must sign this form.

RELEASE OF LIABILITY

I, _____, agree on behalf of myself, my heirs, assigns, executors, and
personal representatives, to hold harmless and defend _____,

Full name

Parish

Diocese of Salina, its officers, directors, agents, employees, or representatives associated with the field trip from any and all liability claims, loss or damage arising from or in connection with my participation in the field trip.

Signature

Date

Print Name

2021-2022 MEDICATION DIRECTIVES

DATE _____

PRESCRIPTION MEDICATIONS:

STUDENT NAME _____

NAME OF MEDICATION _____

I am giving authorization to Saint Francis Xavier Catholic School to administer the above medication as prescribed by our physician according to the label.

SIGNATURE _____

NON-PRESCRIPTION MEDICATIONS:

STUDENT NAME _____

NAME OF MEDICATION _____

I am giving authorization to Saint Francis Xavier Catholic School to administer the above named non-prescription medication as directed on the label unless otherwise indicated by parent or guardian.

KANSAS SCHOOL KINDERGARTEN THROUGH GRADE 12 IMMUNIZATION REQUIREMENTS FOR 2020-2021 SCHOOL YEAR

Immunization requirements and recommendations for the 2020-2021 school year are based on the Advisory Committee on Immunization Practices (ACIP) and the Centers for Disease Control and Prevention (CDC) recommendations. The current recommended and minimum interval immunization schedules may be found on the [CDC webpage](#). The best disease prevention is achieved by adhering to the recommended schedule. However, if a child falls behind, the catch-up schedule is implemented. To avoid missed opportunities, immunization providers may use a 4-day grace period, in most instances, per age and interval between doses. In such cases, these doses may be counted as valid.

K.S.A. 72 - 6261 - Kansas Statutes Related to School Immunizations Requirements and K.A.R. 28-1-20, published July 19, 2019 in the Kansas Register, defines the immunizations required for school and early childhood program attendance.

- **Diphtheria, Tetanus, Pertussis (DTaP/Tdap):** Five doses required. Doses should be given at 2 months, 4 months, 6 months, 15-18 months, and 4-6 years (prior to kindergarten entry). The 4th dose may be given as early as 12 months of age, if at least 6 months have elapsed since dose 3. The 5th dose is not necessary if the 4th dose was administered at age 4 years or older. A dose of **Tdap** is required at entry to 7th grade.
- **Hepatitis A (HepA):** Two doses required. Doses should be given at 12 months with a minimum interval of 6 months between the 1st and 2nd dose.
- **Hepatitis B (HepB):** Three doses required. Doses should be given at birth, 1-2 months, and 6-18 months. Minimum age for the final dose is 6 months.
- **Measles, Mumps, and Rubella (MMR):** Two doses required. Doses should be given at 12-15 months and 4-6 years (prior to kindergarten entry). Minimum age is 12 months and interval between doses may be as short as 28 days.
- **Meningococcal-Serogroup A,C,W,Y (MenACWY):** Two doses required. Doses should be given at entry to 7th grade (11-12 years) and 11th grade (16-18 years). For children 16-18 years, with no previous MenACWY, only one dose is required.
- **Poliomyelitis (IPV/OPV):** Four doses required. Doses should be given at 2 months, 4 months, 6-18 months, and 4-6 years (prior to kindergarten entry). Three doses are acceptable if 3rd dose was given after 4 years of age **and** at least 6 months have elapsed since dose 2.
- **Varicella (Chickenpox):** Two doses are required. Doses should be given at 12-15 months and 4-6 years (prior to kindergarten entry). The 2nd dose may be administered as early as 3 months after the 1st dose, however, a dose administered after a 4-week interval is considered valid. No doses are required when student has history of varicella disease documented by a licensed physician.

Legal alternatives to school vaccination requirements are found in K.S.A. 72-6262.

In addition, to the immunizations required for school entry the following vaccines are recommended to protect students:

- **Human Papillomavirus (HPV):** Two doses *recommended* at 11 years of age or three doses if the series is started after 15 years.
- **Influenza:** Annual vaccination *recommended* for all ages \geq 6 months of age. Number of doses is dependent on age and number of doses given in previous years.

Vaccination efforts by school and public health officials, immunization providers, and parents are key to the success of protecting our children and communities from vaccine preventable diseases. Thank you for your dedication.

2021-2022
 St. Francis Xavier Catholic School
 After Care Program
 Enrollment Form

Name of Child(ren)	Grade	Birthday	Days of Attendance
_____	_____	_____	M T W Th F
_____	_____	_____	M T W Th F
_____	_____	_____	M T W Th F
_____	_____	_____	M T W Th F

Parent(s) / Guardian(s) with whom child(ren) resides:

Name	Address	Phone
_____	_____	_____
Name	Address	Phone
_____	_____	_____
Name	Address	Phone
_____	_____	_____

Persons authorized to pick up child(ren) / **Emergency Numbers** (people that can be reached **DURING** program hours) Only those listed below will be allowed.

Name	Relationship	Phone
_____	_____	_____
Name	Relationship	Phone
_____	_____	_____
Name	Relationship	Phone
_____	_____	_____
Name	Relationship	Phone
_____	_____	_____

Child(ren)'s Physician:

Name	Address	Phone
_____	_____	_____

Emergency Medical Release:

If emergency medical care is deemed by the St. Francis Xavier Catholic School Aftercare Program to be necessary and I can't be contacted, I authorize Aftercare Program Staff or St. Xavier Staff to act in my behalf in seeking emergency medical treatment for my child(ren).

Health Insurance Provider	Policy#	Group
_____	_____	_____

Parent/Guardian Signature	Date
_____	_____

St. Francis Xavier Catholic School

2021-2022 Aftercare Policies and Fees

St. Xavier's aftercare program is available for students in grades PreK – 6. Hours are 3:25 to 5:30 p.m. The first hour of aftercare is \$4.00 for the first child and increases \$2.50 for each additional child. This fee applies whether the child is there for 20 minutes or the full hour. After the first hour, the family will be charged in half hour (30 minute) increments.

During aftercare, students are expected to exhibit the same behavior as if they are in the classroom. They should be respectful of others, keeping hands and feet to themselves. **ABSOLUTELY NO TOYS OR FOOD FROM HOME ARE ALLOWED IN AFTERCARE.** First offense is a warning, second offense is a timeout, and with the third offense, the child will be taken to the office. Should the behavior continue, the student will not be permitted to attend the after school program.

For the safety of our students, if someone not listed on the child's pick up list will be picking the student up, please send a note to school on that day. If the pick-up person is not listed or a note is not received, the student will not be allowed to leave with that person.

*Students that are not picked up at 3:30 will be sent to aftercare at the parent's expense.

The aftercare routine is as follows:

3:25 – 4:00 Snack

4:00 – 5:00 Outside time (weather permitting)

5:00 – 5:30 Homework for those who have it (help is available if needed).

Various activities are available for those who do not have homework.

Time	One child	Two children	Three children	Four children
3:25-4:30= 1 hour	4.00	6.50	9.00	11.50
3:25-5:00 = 1 ½ hours	6.00	9.75	13.50	17.25
3:25-5:30= 2 hours	8.00	13.00	18.00	23.00

Families will incur a late fee of \$10 per half hour for any student picked up after 5:30 p.m.

Dear Parents/Guardians,

St. Xavier PTO is a group made up of parent volunteers and teachers.
St. Xavier PTO provides much needed support in all aspects of the school
In particular the PTO strives to enhance student life and activities at the school.

Dues are \$10.00 per year per family.

Some of the many activities provided include

- Ice cream social- welcomes back both students and staff
- Fall fest which also helps raise money for the upper classes
- K-5 and 6-8 dance
- Library fund which provides new books and needed supplies
- Art supply fund which covers a portion of the teachers craft supplies
- We provide lunches during both fall and spring teacher conferences
- We also provide a lunch buffet and duty-free recess during Catholic Schools Week
- Funds for laminating supplies
- Setting up the dessert table after music events
- We contribute up to five dollars per child for a field trip
- We provide food and drinks for field day and the end-of-the-year activities
- Box top collection and reward for winning classes
- Papa John's pizza nights
- Art by Me
- Soup supper during Lent
- \$250 scholarship to a graduating senior
- \$200 scholarship to a student grades K through 11

Thank you for all your support. I hope to see you at many of our events.

Nicole Berry

St. Xavier PTO President

cafeteria@saintxrams.org

Please pay \$10 PTO family dues by cash or check to St. Xavier PTO.



Saint Xavier Activities Committee



The Activities Committee supports the extracurricular activities of the 6th– 12th grade students at St. Xavier. These activities include sports, scholars bowl, FBLA, forensics, cheer, and music. The meetings are held on the 2nd Wednesday of the month. For additional information please contact Activities President Kristel Jahnke at jahnkek@saintxrams.org.

The committee provides funds for:

- Kansas State High School Association (KSHSAA) membership fees
- Tournament and meet fees
- Uniforms and equipment
- Home game sports officials
- Two \$250 scholarships to graduating seniors

The committee raises funds throughout the year by:

- Selling boosters to local businesses and individuals
- Selling season passes for admission to home games
- Selling St. Xavier spirit wear
- Hosting a spaghetti feed and a taco feed
- Hosting movie night events
- Running concession stands and collecting admissions at home games
- Participating in Champions Carwash fundraisers
- Collecting a \$10 activity fee per 6th-12th grade student

You can help the committee by:

- Becoming a member of the committee
- Selling boosters
- Volunteering to help with events and fundraisers
- Volunteering to run the clock, keep book, or be a line judge at home games
- Volunteering to work concessions or gate at home games
- Driving athletes to the various activities
- Attending games, meets, and fundraisers

***A \$10 activity fee is due at registration for all students in 6th-12th grade. Cash or check is accepted. Please make payable to St. Xavier Activities Committee.**

**ST. FRANCIS XAVIER CATHOLIC SCHOOL VOLUNTEER FORM
2021-2022**

We would be blessed to have you volunteer in our school in any way that you can. Please let us know how you plan to be a part of our school family.

Contact Information:

NAME _____ ADDRESS _____

HOME PHONE _____ CELL PHONE _____ WORK PHONE _____

E-MAIL ADDRESS _____

How do you prefer to be contacted? EMAIL _____ TEXT _____ PHONE _____

Availability:

MONDAY ___ TUESDAY ___ WEDNESDAY ___ THURSDAY ___ FRIDAY ___

MORNING ___ AFTERNOON ___ EVENING ___ WEEKEND ___

DAILY ___ WEEKLY ___ MONTHLY ___ OCCASIONALLY ___ SPECIAL EVENTS ___

Special Skills: Please list any skills, qualifications, hobbies, or interests you have to share with our students and staff.

Areas of Interest:

___ **CLASSROOM ASSISTANCE**

GRADE: Any Pre-K K 1 2 3 4 5 6 7 8 9 10 11 12

___ **PHOTOCOPYING**

___ **SUPERVISE STUDENTS:** RECESS ___ LUNCH ___ DURING MASS ___

___ **ASSIST WITH ATHLETIC EVENTS:** SCORE BOOK ___ CLOCK ___

TICKET BOOTH ___ LINE JUDGE ___ CONCESSION STAND ___ OTHER ___

___ **OTHER EVENTS (ex: dances, concerts, scholars bowl):** SET UP ___ ASSIST ___

PROVIDE FOOD ___ CLEAN UP ___ CHAPERONE ___

___ **DRIVER:** SPORTING EVENTS ___ EXTRA-CURRICULAR ACTIVITIES ___ FIELD TRIPS ___

___ **SPECIAL EVENTS:** DURING SCHOOL DAY ___ EVENINGS ___ WEEKEND ___

___ **FUNDRAISING:** ORGANIZE ___ SOLICIT DONATIONS ___ SELLING ___

___ **ANNUAL HARVEST FEST:** SOLICIT DONATIONS ___ PURCHASE FOOD FOR CONCESSIONS: ___

WORK AT CONCESSION STAND ___ WORK AT TICKET BOOTH ___

WORK AT CLASS BOOTH ___ HELP SET UP ___ HELP CLEAN UP ___

___ **ANNUAL SCHOOL AUCTION:** ORGANIZE/PLAN ___ DECORATIONS ___ MAILINGS ___

SOLICIT DONATIONS ___ PICK UP DONATIONS ___

DONATE AN ITEM TO BE AUCTIONED ___

SET UP ___ CLEAN UP ___ DONATE FOOD ___

___ **ASSIST WITH TEACHER STAFF APPRECIATION**

___ **VOLUNTEER COORDINATOR**

___ **MEMBER OF SCHOOL COUNCIL**

___ **MEMBER OF PTO**

___ **MEMBER OF ACTIVITIES COMMITTEE**

IF YOU ARE A MEMBER OF ANY ORGANIZATION THAT MIGHT BE INTERESTED IN SUPPORTING ST FRANCIS XAVIER CATHOLIC SCHOOL, PLEASE PROVIDE CONTACT INFORMATION.

THANK YOU FOR SHARING YOUR TIME AND TALENTS WITH US!