## REGISTRATION SCHOOL YEAR \_\_\_\_\_

		EPH MISSION SCHOOL DURING THE P		
	necessary to complete entire for		out opposition from the first first	
NO (	if no, continue)			
MAILING ADDRESS:				
PHYSICAL ADDRESS	:	PHONE: _		
DATE OF BIRTH:	PLA	CE:		
SOC. SEC. NO.		ETHNICITY:		
BAPTISM: Date:	CHURCH:	ADDRESS:		
1ST COMMUNION: Date:	CHURCH:	ADDRESS:		
CONFIRMATION: DATE:	CHURCH:	ADDRESS:		
SCHOOL LAST ATTE ADDRESS:	NDED:			
FATHER'S NAME:		LIVING (Y/N):	LIVING (Y/N): RELIGION:	
OCCUPATION:		ST. JOS	ST. JOSEPH SCHOOL ALUMNI (Y/N):	
ADDRESS:		PHÓNE:		
EMAIL:		CELL:		
MOTHER'S NAME:		LIVING (Y/N)	: RELIGION:	
OCCUPATION:		ST. JOS	ST. JOSEPH SCHOOL ALUMNI (Y/N):	
ADDRESS:		PHONE:	PHONE:	
EMAIL:		CELL:	CELL:	
GUARDIAN'S NAME: (If applicable)			RELIGION:	
OCCUPATION:	2.0000-110	ST. JOS	ST. JOSEPH SCHOOL ALUMNI (Y/N):	
			PHONE:	
NUMBER OF CHILDRI	EN IN FAMILY:			
		ificate, Baptismal Certificate, Immuniza otion from the last school attended.	tion Records, SS Card, CIB, and his	
Parent/Guardian Signature		Date		
Interview Date:		Interviewer:	Accepted (Y/N)	

### REQUEST FOR PHOTOGRAPHY CONSENT AND RELEASE

#### Dear Parents/Guardians:

There may be individuals present taking photographs or otherwise videotaping events during school hours or at school-sponsored events from time to time. These individuals may be conducting these activities on behalf of the school, the Roman Catholic Church of the Diocese of Gallup, NM ("Diocese"), or a parish within the Diocese, or may be the friends or family of other students, faculty or staff. We cannot control the spontaneous photography or videotaping by friends or family of other students, faculty or staff. However, we can and we do attempt to control the photography and videotaping on behalf of the school, Diocese, and parishes, which may be performed by outside photographers, news media or our own faculty or staff. The purpose of this communication is to request your consent to our use of any photograph or video of your child that may be taken at school or during school-sponsored events.

If you consent below, you agree that the school, Diocese, or parish(es) may record your child's voice, image, and likeness, alone or with others and with or without your child's creative works or projects, on any media (photography, video, digital, or otherwise, with or without sound) and may use, publish, display, and reproduce those recordings, either with or without modification or alterations (such as cropping or color enhancement) along with your child's name and involvement in school activities or clubs for school-related media, creative works, brochures, websites, and bulletin boards to be used for the purpose of publicity, recruitment, fundraising, evangelization and other communication efforts on behalf of the school, the Diocese or parish(es). These recordings may be used in any media, including without limitation on the Internet, and they may be displayed publicly and prominently, possibly for a long time or permanently.

By consenting below, you agree to release and hold harmless the Diocese and related schools, parishes, trustees, agents, officers, contractors, volunteers and employees from and against any and all claims, demands, actions, complaints, suits or other forms of liability that may arise out of or by reason of, or be caused by the use of your child's name, photograph or likeness, voice or creative work(s), on television, radio, motion picture, print media, social media (such as Facebook and Instagram) or on the Internet or other electronic medium, including any claims for payment, claims of defamation, and claims regarding rights of privacy or publicity. You may withdraw your consent at any time by contacting the Diocese at \_\_\_\_\_\_\_\_. You understand that by releasing the Diocese and related parties you are giving up rights you may otherwise retain on behalf of your child and waive the benefit of any law that provides that a general release does not extend to claims that you do not know or suspect exist at the time of executing this release.

If you elect to consent below, you understand and agree that no payment, money or other consideration in any form will be due to you, your child, or your heirs, agents or assigns at any time because of your child's participation in any of the above activities or the above-described use of your child's name, photograph, likeness, voice or creative work(s).

Please indicate on the next page whether you are providing your consent to the recording of your child as set forth above and return the form to the Diocese. If you have any questions or concerns you may contact your school or the Diocese.

I consent to the creation of recordings of my child by or on behalf of the school, the Roman Catholic Churc of the Diocese of Gallup, NM, and/or its parishes, as set forth in this Request for Photography Consent and Release.
I do not consent to the creation of recordings of my child as set forth by or on behalf of school, the Roman Catholic Church of the Diocese of Gallup, NM, or its parishes as set forth in this Request for Photography Consent and Release, and release the Roman Catholic Diocese of Gallup, NM of any liability from spontaneous photograph taken by third parties outside of the Diocese's control. I understand that by electing this option my child will still be photographed for inclusion in the school yearbook and internal school files.
Name of Student:

Date

Signature of Parent or Guardian or Student if over 18 years of age

# FINANCIAL RESPONSIBILITY AGREEMENT SCHOOL YEAR \_\_\_\_\_

Person(s) Financially Responsit	ole:	
Mailing Address:		
Physical Address:		
Phone numbers:		
E-mail:		
Number of children enrolled at St.	Joseph Mission School:	
Child 1:	Grade	Registration Tuition \$ 175 \$1,200
-		-
Child 4:		_ \$175 \$ 900
I agree to pay St. Joseph Missio month on the first of each montl	aid prior to child being admitted to n School the minimum payment of h. If financial aid (grant or scholars	\$120 per child per ship) is applied to my
account, my account will be adjute obligation in writing.	usted, and I will be notified of any o	change in my monthly
If a payment is not made by the due and subject to collection.	10th of each month, I understand it	t is considered past
Responsible Party Printed Name	Signature	Date
Witness Printed Name	Signature	Date

#### SCHOOL VOLUNTEER AGREEMENT

Dear Parents/Guardians:

Welcome to St. Joseph Mission School!

As parents/guardians of a St. Joseph School student, you are expected to:

- · Attend all scheduled Parent-School meetings.
- Attend all scheduled Parent Teacher Conferences.
- Volunteer to help with **at least five (5)** fundraising/school events (including, but not limited to: fundraisers, dinners, in-school helpers, etc.).

As a small organization and learning community, it is crucial to have constant and continual family involvement.

Please be involved. The success of your student(s) and the school depends on it.

Yes! I support Catholic education and will help with:

Thank you for being a part of St. Joseph	n's!
Annual Fall BazaarSpaghetti DinnerChristmas ProgramGardeningLibraryOffice AidBuilding MaintenanceHosting VisitorsCafeteriaCommittees	T-Shirt SalesBeef Jerky SalesFirst Communion ReceptionSubstitute TeacherTechnology (IT)Clean UpYard MaintenancePaintingProjectsScience Fair
Raffle Ticket Sales	Candy Sales