

# **ST. THERESE SCHOOL**



## **2023 – 2024**

# **INFORMATION PACKET**

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**2023 - 2024**  
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# The School of St. Therese of Deephaven

18325 Minnetonka Boulevard • Deephaven, Minnesota 55391 • 952-473-4355 • [www.st-therese.org](http://www.st-therese.org)

Dear St. Therese School Families,

Happy Summer from an active St. Therese Catholic School campus! As I write this, we have hundreds of young children either leading or participating in our parish Vacation Bible School on the field. It is so fun to see so many school children after having been out of school for a couple of weeks. I think they have all grown already! I pray that you all are settling into a wonderful summer with your family and enjoying the sunshine, longer days and change of pace!

I want to thank you again for your continued incredible partnership with our team here at St. Therese Catholic School! As we continue to work together in our mission of Catholic education at St. Therese, we grow closer to Christ and truly shine as a community. I am grateful for you!

Thank you for reading the information included in this packet carefully. It contains important information for the 2023-2024 school year, including dates, policies, procedures, and ways you can help support our students.

Here are a few important dates you need to be aware of.

**Our Back-to-School Open House will be held on Thursday, August 24 from 2 p.m. to 6 p.m.**

This is the time to visit classrooms, meet teachers, drop off school supplies, turn in completed forms, shop at the used uniform store, pick up spirit wear and sign up for volunteer opportunities. Bring your checkbook, your pen, and your calendar. The last hour of our Open House will also be an opportunity for a more focused **New Family Welcome** and play date. If you can, **new families** are encouraged to come at **5:00 p.m.** for a treat and dedicated time with myself and some mentor families to get questions answered.

**The first day of school is Tuesday, August 29!** Our school day is 7:35am-2:10pm. As we finalize the details of an Opening Prayer Ceremony on August 29th we will communicate those details, so parents can join.

**Opening School Mass is Wednesday, August 30<sup>th</sup> at 8:00am in the Sanctuary.** Please join us!

**All volunteers must be Essential 3 qualified before being allowed to work or volunteer with children, with no exceptions, this includes recess duty.** Additional information about Archdiocesan child safety requirements is included in this email.

**Parent Information Nights will be Monday, September 11th (K-5) and Thursday, September 14th (Middle School). We will begin both nights at 6:00 p.m.**

I pray that you and your families are enjoying your summer and enjoying time growing closer together and closer to Christ. Please feel free to reach out if you need anything.

Sincerely,

Adam Groebner, Principal

# 2023 - 2024 ST. THERESE CATHOLIC SCHOOL CALENDAR

NO SCHOOL

BUSING  
CHANGE

SPIRIT  
WEAR

## August 2023

Su	M	Tu	W	Th	F	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

## September 2023

Su	M	Tu	W	Th	F	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

## October 2023

Su	M	Tu	W	Th	F	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

## November 2023

Su	M	Tu	W	Th	F	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

## December 2023

Su	M	Tu	W	Th	F	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

## August

17-28	Teacher workshops
18	All staff retreat - 8am - 3pm
24	Back to School Night - 2-6:30PM (All Families)
24	New Family Welcome 5-6pm
29	1st Day of School
29-31	<b>Parents drive both ways</b>
30	Opening Mass

## September

1 & 4	<b>NO SCHOOL - Labor Day weekend</b>
5	ELC School Year begins - Move Up Day
8	Spirit Wear day
11	K-5 Curriculum Night; 6:00-7:30pm
14	M.S. Curriculum Night; 6:00-7:30PM
17	Blessing of Catechists / Teachers
19-22	7th Grade to Camp Widjiwagan
23	Oktoberfest Annual Fund Kick Off Event
26	ELC Fall Social

## October

2	8AM Mass & St. Therese Feast day celebration
5	Picture Day
6	Rosary Pilgrimage in St. Paul (3rd - 8th) 9am-Noon
10	Conferences 2:30-6:30pm
11	Spirit Wear Day
12	<b>NO SCHOOL - Conferences 8-11:30am</b>
12	<b>NO ELC PROGRAMS - Conferences</b>
13	<b>ALL PROGRAMS CLOSED; Relics Visit</b>
16 & 23	First Reconciliation parent prep meeting 6:30-8:00PM
19-20	<b>NO SCHOOL - MEA - K-8, Owls &amp; Bears</b>
24	Parent Talk on Technology Usage w/ Fr. Andrie - 6:00pm

## November

1	<b>Late start (9:00am) - Parents Drive in AM Only</b>
1	All Saints Day Mass (9:30am)
2	Middle School Open House - 6:00pm
3	Spirit Wear Day
8	Picture Retake Day
9	Kindergarten Open House - 8:00am
10	<b>NO BUSING - Parents Drive BOTH Ways</b>
18	First Reconciliation Parent / Child retreat 9-10:30am
21	Thanksgiving Feast
21	End of Tri 1
21	Grandparent's Day
22-24	<b>NO SCHOOL - Thanksgiving; K-8, Owls &amp; Bears</b>
28	Middle School NET Retreat at OLL

## December

1	Spirit Wear Day
8	Feast of Immaculate Conception / Mom's Day
13	School Reconciliation Service 3rd - 8th grades
14	Christmas Program - 3rd- 8th
15	Holy Hour - 1:00PM
18	Christmas Program - ELC-2nd Grade
21-31	<b>NO SCHOOL - Christmas Break; K-8, Owls &amp; Bears</b>

January 2024						
Su	M	Tu	W	Th	F	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

February 2024						
Su	M	Tu	W	Th	F	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29		

March 2024						
Su	M	Tu	W	Th	F	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

April 2024						
Su	M	Tu	W	Th	F	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

May 2024						
Su	M	Tu	W	Th	F	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

June 2024						
Su	M	Tu	W	Th	F	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29

January	
1-3	<b>NO SCHOOL; K-8, Owls &amp; Bears</b>
4	School Resumes
5	Spirit Wear Day
11	Celebration of First Reconciliation 6-7:30pm
15	Staff Professional Development Day
15	<b>NO SCHOOL - MLK Jr. Day</b>
26	<b>No Busing - Parents Drive both ways</b>
28-Feb. 2	Catholic Schools Week Kickoff - 10:00am Mass & Celebration

February	
1-2	Catholic Schools Week
1	First Eucharist Parent prep mtg. - 6:30-8:30PM
5	First Eucharist Parent prep mtg. - 6:30-8:30PM
9	Spirit Wear Day
14	Ash Wednesday
16	<b>NO SCHOOL; K-8, Owls &amp; Bears</b>
19	<b>NO SCHOOL - President's Day</b>
29	End of Tri 2
29	2:30-6:30PM - Conferences

March	
1	<b>NO SCHOOL - Conferences - 8-11:00AM</b>
1	12-3:00PM - Professional Development for Staff
4	<b>No Busing - Parents Drive both ways</b>
8	Spirit Wear Day
12-13	Feed My Starving Children meal pack
19	8AM Mass - Feast of St. Joseph - Dad's Day Morning
20	School Reconciliation - No Mass
29	<b>NO SCHOOL; Good Friday</b>
31	Easter

April	
1-8	<b>NO SCHOOL - Spring Break</b>
9	School Resumes
12	Spirit Wear Day
20 & 21	First Eucharist Celebrations at all Masses
25	ELC Spring Social
26-28	Middle School Play

May	
1	May Crowning & Mass
3	Spirit Wear Day
3	Parish Gala
22	Kindergarten Celebration and Light Ceremony
23	ELC Graduation
24	Last day for Owls and Bears
24	Last day for 8th grade
27	<b>NO SCHOOL - MEMORIAL DAY</b>
29	8:00 AM - Final Mass of the School year
29	8th grade graduation & Mass - 6:00pm
30	Last day of school - 12:10pm dismissal - Field Day/Family Picnic
31	1/2 day ELC - Closing at 12:30PM
31	Teacher Workshop / Grades

June	
17-21	Vacation Bible School



## VOLUNTEER INFORMATION

July 2023

Dear Parents and Friends of St. Therese School,

Keeping kids safe is of highest importance at St. Therese Parish and School and throughout our Archdiocese. All clergy members, employees, and volunteers who interact with minors or vulnerable adults must complete the Archdiocesan Essential 3 requirements before beginning to serve. **Only those who are E3 qualified will be allowed to volunteer in any capacity next year.** This means all coaches, field trip chaperones, overnight trip chaperones, front desk parents, classroom volunteers, Fall Festival workers, library volunteers, middle school play volunteers and anyone who interacts with children must be fully compliant before beginning their volunteer hours.

Currently, about 60% of our school parents are E3 qualified. In order to maximize our full potential, I am asking ALL St. Therese parents to comply with the Archdiocesan requirements so your gifts and talents can be utilized to enrich the lives of our students through your volunteer efforts.

To become E3 qualified, a volunteer must complete the following:

- **Participate in the initial VIRTUS training module (replaces the 3-hour live class)**
- **Complete a standard background check**
- **Sign and adhere to a volunteer Code of Conduct form (online)**

If you are new to the VIRTUS system, set up your account by going to [www.virtusonline.org](http://www.virtusonline.org), and click on "first time registrant" and follow the directions. Please note that you have 30 days from account sign-up to complete the E3.

If you have completed VIRTUS training in the past, you can go to the website above to check and update your account information, making sure your email address and phone number are correct. If there are training modules to complete, please do so before school starts.

**Background checks** can be started online through your VIRTUS account. Please know that these are completely confidential. Please complete this form carefully. It is not complete until you have entered your SSN#. For some roles, there is a paper form called a 123B that needs to be printed, signed, and returned to our Safe Environment Coordinator (you may turn it in at the school office). You will be notified if this additional paperwork is required. You are not considered qualified until all background check results have been reviewed.

**The Code of Conduct** lays out best practices for keeping children safe *and* for protecting yourself. This can be signed online through your VIRTUS account as well.

If you completed the Essential 3 at another parish, please let us know so we can verify and record for our Archdiocesan compliance reporting.

**Thank you for your cooperation in this important matter. These requirements have been developed for the safety of our children *and* for the protection of our wonderful volunteers. We rely on your help but cannot allow you to serve until you have completed the Essential 3. Please take the time to complete all three components before school begins or early in the school year.**

More information on our Safe Environment program can be found on the parish website, at <https://www.st-therese.org/safe-environment>. You may also contact our Safe Environment Coordinator, Mary Dobson, at [mdobson@st-therese.org](mailto:mdobson@st-therese.org) with any questions.

Thank you!

Adam Groebner  
Principal  
St. Therese Catholic School



ARCHDIOCESE  
OF  
SAINT PAUL &  
MINNEAPOLIS

July 13, 2015

Dear Clergy, Chancery Corporation Staff, Parish and Catholic School Employees, and Volunteers,

Thank you for all that you do in service of the Church!

The Archdiocese of Saint Paul and Minneapolis, along with other dioceses throughout the United States, has enacted policies to address clergy sexual abuse and to ensure safe environments for our children, youth and vulnerable adults. The Charter for the Protection of Children and Young People, first issued in 2002 (and revised in 2005 and 2011) by the United States Conference of Catholic Bishops, mandates that dioceses have clear standards of conduct, safe environment training programs, and background evaluations for all persons in positions of trust with regard to minors or vulnerable adults.

In our Archdiocese, all clergy, chancery corporation staff, parish and Catholic school employees, as well as volunteers who have either regular or unsupervised interaction with minors or vulnerable adults, must complete the “Essential 3” requirements prior to commencement of service. The Essential 3 consists of signing a *Code of Conduct*, completing safe environment training through the VIRTUS: *Protecting God’s Children* program, and undergoing a background check. (All information you provide for a background check will be kept confidential by your parish or Catholic school, as well as the Archdiocese).

Our responsibility to create and maintain safe environments is not a one-time obligation; it is an ongoing commitment that must evolve to meet national best practices for ensuring the safety of children, youth and vulnerable adults. To that end, beginning in 2015-2016, these Essential 3 requirements must be renewed every three years by all clergy, chancery corporation staff, parish and Catholic school employees, and volunteers who have either regular or unsupervised interaction with minors or vulnerable adults. The Enhanced Essential 3 re-credentialing process consists of signing a revised *Code of Conduct*, safe environment retraining, and satisfying a background recheck.

**You will be contacted by the Archdiocese, your supervisor or your Safe Environment Site Coordinator when you are required to complete the Enhanced Essential 3 requirements and provided with instructions for completing this re-credentialing.** I appreciate your cooperation in this process.

Together, we must do all we can to protect God’s children, particularly the most vulnerable among us. I am grateful for your service to the Church and your partnership in these efforts.

Sincerely in Christ,

Most Reverend Bernard A. Hebda  
Apostolic Administrator  
Archdiocese of Saint Paul and Minneapolis



# Uniform and Personal Appearance

Label all of your child's clothing with his / her family Name

**Purpose** – To ensure that students are able to stay focused on their academic, spiritual, moral, and social growth, standards of behavior and dress have been established at St. Therese School. Students are asked to observe a standard of dress appropriate for a Christian learning environment and are expected to come to school appropriately dressed and groomed. In doing so, students practice self-discipline, while not distracting themselves or others.

**Consequences for Inappropriate Attire** – Student reports to office to borrow a uniform or to call home for missing elements (belts, socks, etc.).

## General Uniform Requirements:

### Girls K-3<sup>rd</sup>:

- **Jumper:** STS plaid, just above the knee
- **Blouse/Shirt:** White Peter Pan collar blouse; white or dark green, short or long-sleeve polo shirt, plain or with STS logo; white long-sleeve Turtle-Neck.
- **Slacks/Pants:** Full-length navy, pleated or flat front, neat and intact without fraying. No cargo-style, yoga-style or low waist slacks allowed.
- **Leggings:** Must be **solid navy or black** full-length, straight leg. No flared, wide-leg or  $\frac{3}{4}$ -length, Capri-style leggings permitted. **Leggings may only be worn under plaid jumpers.**
- **Walking Shorts:** Solid navy just above the knee - *Not allowed between November 1 and March 31.*
- **Walking Skorts:** Solid navy. Leggings may only be worn under navy skorts.
- **Bike Shorts:** Solid navy or black to be worn under jumper only.
- **Sweater:** Solid navy, unadorned cardigan, V-neck, crew or V-neck vest style.
- **Sweatshirt:** Only STS sweatshirts in classroom. Navy crew or hooded with STS logo. **Sweaters preferred on Mass days, but STS sweatshirts are okay. Sweatshirts must have the STS logo**
- **Tights:** Solid opaque, white or black or navy only.
- **Socks:** **Socks must be worn daily and shown above the shoes. Must be solid colors.**
- **Shoes:** Dress shoes are encouraged for Mass days. Girls may wear athletic shoes anytime. **Socks must be worn with ALL shoes. No boots: Ugg-style, riding, or Wellies-style; no light-up shoes, shoes with wheels, Crocs-style or sandals.**
- **Make-up:** No make-up or face paint allowed.



#### Girls' 4<sup>th</sup> & 5<sup>th</sup>:

- **Skirt:** STS plaid, worn just above the knee.
- **Slacks/Pants:** Full-length navy, pleated or flat front, neat and intact without fraying. No cargo-style, yoga-style or low waist slacks allowed.
- **Blouse/Shirt:** White or dark green, short or long-sleeve polo shirt, plain or with STS logo; white oxford collar shirt; or white long-sleeve Turtle-Neck. Discrete undergarments - no colors such as hot pink, black or patterns that can show through or below white uniform tops - should be worn underneath. *Shirts must be tucked in at Mass and Special Events.*
- **Walking Shorts/Skorts:** Solid navy or STS plaid, knee-length – Shorts are *Not allowed from November 1 – March 31. Skorts may be worn anytime.*
- **Leggings:** Must be **solid navy or black** full-length, straight leg. No flared, wide-leg or ¾-length or Capri-style, leggings permitted. **Leggings may only be worn under skirts.**
- **Bike Shorts:** Solid navy or black to be worn under skirt only.
- **Sweater:** Solid navy, unadorned cardigan, V-neck crew or V-neck vest style.
- **Sweatshirt:** Only STS sweatshirts in classrooms. Navy crew or hooded with STS logo. **Sweaters preferred on Mass days, but STS sweatshirts are okay. Sweatshirts must have the STS logo.**
- **Socks:** Anklets or knee-highs, solid colors. **Socks must be worn daily and show above the shoes.**
- **Shoes:** Solid brown, navy or black dress shoes, close-toed and full back, with no more than 1 inch heel, such as Mary Jane's or Oxfords. Girls may wear athletic shoes, except on Mass days. **Socks must be worn with ALL shoes. No boots: Ugg-style, riding, or Wellies-style; no light-up shoes, shoes with wheels, Crocs-style or sandals.**
- **Make-up:** No make-up or face paint allowed.

#### Girls' 6<sup>th</sup> – 8<sup>th</sup>:

- **Skirt:** STS plaid, **worn just above the knee.**
- **Blouse/Shirt:** White or light blue, short or long-sleeve polo shirt, plain or with STS logo; white or light blue oxford collar shirt, or white long sleeve Turtle-Neck. Discrete undergarments, (no colors such as hot pink, black or patterns that can show through or below white uniform tops), should be worn underneath. *Shirts must be tucked in at all times!*
- **Blazer:** Navy blazer with shield required for Mass & Special Events. Purchasing information is coming soon.
- **Slacks/Pants:** Full-length navy, pleated or flat front, neat and intact without fraying. No cargo-style, yoga-style or low-waist slacks allowed.
- **Walking Shorts/Skorts:** Solid navy or STS plaid, knee-length – *Not allowed between November 1 and March 31. Skorts may be worn anytime.*
- **Leggings:** Must be **solid navy or black** full length, straight leg. No flared, wide leg or ¾-length, no visible logos or designs, Capri-style, leggings permitted. **Leggings may only be worn under skirts.**
- **Bike Shorts:** Solid navy or black to be worn under skirt only.
- **Sweater:** Solid navy, unadorned cardigan, V-neck crew or V-neck vest style.
- **Sweatshirt:** Only STS sweatshirts in classrooms. Navy crew or hooded with STS logo. **Sweaters preferred on Mass days, but STS sweatshirts are okay. Sweatshirts must have the STS logo.**
- **Make-up, Nail polish and Jewelry:** Should be modest and of inconspicuous nature. **Any jewelry that becomes distracting will not be permitted.**
- **Socks:** Anklets or knee-highs, solid colors. **Socks must be worn daily and show above the shoes.**
- **Shoes:** Solid brown, navy, or black dress shoes, closed toe and full back, with no more than 1 inch heel, such as Mary Jane's or Oxford's. Athletic shoes with a subtle color pattern may also be worn, except on Mass days. **Socks must be worn with ALL shoes. No boots: Ugg-style, riding, or Wellies-style; no light-up shoes, shoes with wheels, Crocs-style or sandals.**

### Boys K-5<sup>th</sup>:

- **Slacks:** Full-length navy, pleated or flat front, neat and intact without fraying. One size above true is acceptable.  
No cargo-style or low waist slacks allowed.
- **Belt:** **Grade K-3**, belt optional, but highly recommended. **Grade 4-5, belt required:** must be brown, navy or black. Canvas belts purchased at St. Therese *with* the St. Therese logo are allowed.
- **Shirt:** White Polo or dark green polo shirt, short or long-sleeved, plain or with STS logo, white oxford collar shirt; or white long-sleeve Turtle-Neck. *Shirt must be tucked in for Mass & Special Events.*
- **Shorts:** Solid navy walking short, modest length – *Not allowed between November 1 - March 31.*
- **Sweatshirt:** **Only STS sweatshirts in classroom.** Navy crew or hooded with STS logo. **Sweaters preferred on Mass days, but STS sweatshirts are okay. Sweatshirts must have the STS logo.**
- **Sweater:** Solid navy, unadorned cardigan, V-neck crew or V-neck vest style.
- **Socks:** **Socks must be worn daily and shown above the shoes. Must be solid colors.**
- **Shoes:** Solid brown, navy or black dress shoes, such as Oxford, Loafers or Buck's. Athletic shoes may also be worn, except on Mass days. **Socks must be worn with ALL shoes. No light-up shoes, shoes with wheels, Crocs-style or sandals.**

### Boys' 6<sup>th</sup> – 8<sup>th</sup>:

- **Slacks:** Full-length navy, pleated or flat front, neat and intact without fraying. One size above true is acceptable.  
No cargo-style or low waist slacks allowed.
- **Belt:** *Required*, must be brown, navy or black. Canvas belts, purchased at St. Therese *with* the St. Therese logo are allowed.
- **Shirt:** White or light blue, short or long-sleeve polo shirt, plain or with STS logo; white or light blue oxford collar shirt; or white long-sleeve Turtle-Neck. *Shirt must be tucked in at all times.*
- **Blazer:** Navy blazer with shield required for Mass & Special Events. Purchasing information is coming soon.
- **Shorts:** Solid navy walking short, modest length. *Not allowed between November 1 and March 31.*
- **Sweatshirt:** Only STS sweatshirts in classroom. Navy crew or hooded with STS logo. **Sweaters preferred on Mass days, but STS sweatshirts are okay. Sweatshirts must have the STS logo.**
- **Sweater:** Solid navy, unadorned cardigan, V-neck crew or V-neck vest style.
- **Socks:** Crew, solid color socks **must be worn daily and shown above the shoes.**
- **Shoes:** Solid brown, navy, or black dress shoes, such as Oxfords, Loafers or Buck's. Athletic shoes may also be worn, except on Mass days. **Socks must be worn with ALL shoes. No light-up shoes, shoes with wheels, Crocs-style or sandals.**

**General** – Clothing, accessories, hairstyles, hair color, etc. that causes distraction will not be permitted. All clothing should have a reasonable fit. No face/body glitter or decorations or body-piercing, other than ears. **No excessive or distracting jewelry is permitted.**

**Hair** should be well groomed and neat in appearance, no unusual designs, cuts or unnatural colors. For girls, hair must be well kept, combed and off the face. Boys must keep hair off the face, above the ears and eyebrows, and no longer than the top of the shirt collar.

**Outerwear** – All jackets or non-uniform sweatshirts worn to school or at recess must be removed prior to entering the classroom.

**Physical Education Clothing** – Students in grades 6-8 are encouraged to wear the approved P.E. uniform. **Grade K-5 girls are required to wear bike shorts under jumpers or skirts.** Proper athletic footwear is required. Gym days are Tuesdays and Thursdays. **Physical Education clothing can be purchased from the New and gently used uniform store, or from the St. Therese PTO (spirit wear).**

**Dress Uniform (for Mass Days and Special Occasions)** – No tennis shoes may be worn on Dress Uniform days. Solid navy cardigan sweaters, V-neck sweaters, crew sweaters or vest style sweaters are preferred, but sweatshirts are okay. Students will wear black, brown, or navy dress shoes. (Altar servers must wear black dress shoes.). Girls may wear flats, Mary Janes, Oxfords or Bucks with socks or tights (no more than 1 inch heel, closed toe, and full back). Boys may wear oxfords, dress loafers or bucks with socks. Students will be allowed to change into tennis shoes for recess or gym.

**Non-Uniform Passes** are issued for special accomplishments and in recognition of special events. They are to be used on Fridays ONLY, and students must present the pass to his/her homeroom teacher or advisor. Students are expected to observe acceptable standards of modesty when selecting clothes for non-uniform days. Yoga pants are not allowed. In Middle school leggings can only be worn under dresses or knee-length tops. Shorts may not be worn between November 1 - March 31. Clothing should be neat and presentable. Sweatpants, wind pants or flannel pants purchased through St. Therese *with* the St. Therese logo are permitted.

**Spirit Wear** – **Spirit Wear days will be the following Fridays (Sept. 8, Oct. 6, Nov. 3, Dec. 1, Jan. 5, Feb. 9 , March 8, April 12, May 3).** Students may wear regular uniform on the bottom, with St. Therese Spirit Wear on top. Sweatpants, wind pants or flannel pants purchased through St. Therese PTO *with* the St. Therese logo are permitted.

**The NEW and Gently Used Uniform Store is open 10 days before the start of school and during conference times.** This is staffed entirely by a volunteer, and it provides a cost-effective way for families to recycle gently used uniforms. Parents wishing to sell used uniform items may drop off their *freshly laundered* items, clearly labeled with the family's name, in the school office. The NEW and Gently Used Uniform Store does not deal in non-uniform items, shoes, boots, coats, etc. *Profits received from donated clothing will be added to the Father Shea Scholarship Fund for tuition assistance.*

## ST. THERESE CATHOLIC SCHOOL UNIFORMS

### 2023 – 2024 PURCHASING INFORMATION

It is recommended that St. Therese families purchase all visible clothing as described in the School Uniform Policy from the sources listed below:

- **The New and Gently Used Uniform Store** has bargain prices on jumpers, skirts, skorts, polo's, pants, and crew/hooded sweatshirts. **The New and Gently Used Uniform Store will be open 9am-6pm in the Gymnasium from Monday, August 14 – Friday, August 25, 2023, during Fall conferences (Oct. 11 & 12) and Spring conferences (February 29 & March 1), AND by appointment during the school year. Call Terri at 612-710-3124, for your own personal shopping experience.**  
All **New** Youth and **New** Adult size polo's, with the STS logo are on sale \$6.00 - \$9.00 per shirt. All **New** Youth and **New** Adult Size crew and hooded sweatshirts with the STS logo are on sale for \$15.00 - \$25.00. See the additional flyer for the list of bargain prices on gently used uniforms.
- **Educational Outfitters** at 6002 Excelsior Blvd., St. Louis Park, (just east of Methodist Hospital), is an approved vendor for all plaid and navy clothing in the STS uniform policy. STS Logo available. Their phone number is 952-927-6778. See Educational Outfitters website for store hours.  
[www.minnesotaeducationaloutfitters.com](http://www.minnesotaeducationaloutfitters.com).
- **Donald's Uniform Store** at 6407 City West Parkway, Eden Prairie is another approved vendor for all plaid and navy clothing. STS Logo available. Their product can be purchased at the store, ordered by fax or by phone. Their phone number is 952-942-7448. See the Donald's website:  
[www.donaldsuniform.com](http://www.donaldsuniform.com) for store hours.
- **Lands' End Direct Merchant Mail Order Catalog**. Phone orders are taken at 1-800-469-2222. St. Therese receives a rebate for orders made from the school uniform catalog. Please use the St. Therese customer Number 9000-3096-6. The Lands' End catalog is available in the school office. STS Logo available.
- Target, Kohl's, JC Penney, Gap, Old Navy, Walmart, and many other retailers carry pants, polo's, shirts, and blouses which will satisfy the school uniform policies.



**THE NEW AND GENTLY USED UNIFORM STORE WILL BE OPEN FROM  
AUGUST 14 - AUGUST 25, 2023  
IN THE SCHOOL GYM**

**The uniform guidelines are: White or Dark Green for Grades K-5, White or Light Blue for Grades 6-8.**

Uniforms acceptable under the school uniform guidelines and in good condition, (**no stains, paint, tears, or shiny knees**), can be brought in to sell to the school office during the summer months. Here is how the sale works:

- Pin an envelope on each garment you wish to sell. Write your name, the size of the garment and the price (using the prices below).
- When people “shop,” they will place their check or cash in your envelope and place the envelope in a cash box marked “Uniform Sales Box.” Sellers will be contacted and envelopes will be in the school office for pick up.
- If you would simply like to donate your uniform items to the school, just leave the items in the school office for Terri Fleischhacker to process or write “St. Therese” on the envelope instead of your name. *Donated dollars will go to the Father Shea Scholarship Fund, (tuition assistance).* Thank you!

The used uniform price list is as follows:

Plaid jumpers_____	\$5.00
Plaid Skirts_____	\$5.00
Navy Skorts_____	\$5.00
Blouses_____	\$3.00
Oxford shirts_____	\$3.00
Polo shirts_____	\$3.00
Turtleneck shirts_____	\$3.00
Navy Twill pants_____	\$3.00
Plaid or Navy Shorts_____	\$3.00
Navy Sweaters_____	\$3.00
STS official sweatshirts_____	\$4.00

**\* DON'T FORGET, WHEN ORDERING NEW UNIFORMS FROM LANDS' END, USE # 900030966, WHICH WILL IDENTIFY YOU AS A ST. THERESE PARENT. THANK YOU!**

## St. Therese Parent Association

(formally PTO)

The St. Therese Parent Association is an organization of parent volunteers supporting principal and staff to enrich the STS experience. The committee plans and executes events in and around school with the goal of building community and strengthening the relationships of students, parents, families, and staff. Some of our events include Class Parties, Teacher Appreciation Week, Christmas Box Donations, and many more.

The Association is comprised of a core group of parent volunteers and relies on the efforts of ALL parents in the community to produce successful events. Each year we collect a fee from each family through TADS to fund event the committee hosts. We also rely on your donation of TIME to make events happen.

The Association follows the root beliefs of St. Therese School and translates them into volunteering opportunities.

**“We Are Always Learning”**

**“We Do Christ’s Work”**

**“All Are Welcome”**

**“God is in All Things”**

**“Little Things Make Big Things Happen”**

Classroom Coordinator

Service Project Coordinators

Special Events Coordinator

Hospitality Coordinator

Community Fundraising Events

Coordinator

We are always welcoming members who would like to be involved. Please reach out to our Chair Caitlin Leinenkugel [caitlinleinenkugel@gmail.com](mailto:caitlinleinenkugel@gmail.com) or any other PA member for more information. The committee meets once a month (Wednesday following school mass) to plan upcoming events. We would love to hear from you if you are interested in being involved in fun events around school.



# The School of St. Therese of Deephaven

18325 Minnetonka Boulevard • Deephaven, Minnesota 55391 • 952-473-4355 • [www.st-therese.org](http://www.st-therese.org)

Dear Parent/Guardian:

Our school offers healthy meals each day. Starting school year 2023-24, we are joining Minnesota's Free School Meals Program. All students can get one breakfast and one lunch free of charge each day at school. Although no application is required to receive this free meal benefit, filling out the Application for Educational Benefits is still important! Your child(ren) may qualify for other benefits like reduced fees at school. Your application may also help the school qualify for education funds, discounts, and other meal programs.

To apply, complete the enclosed Application for Educational Benefits and return it to:

**St. Therese Catholic School  
18325 Minnetonka Blvd  
Deephaven, MN 55391**

**Who should complete this application?** Children in households participating in the Supplemental Nutrition Assistance Program (SNAP), Minnesota Family Investment Program (MFIP) or Food Distribution Program on Indian Reservations (FDPIR), and foster, homeless, migrant and runaway children qualify without reporting household income. Alternatively, children can qualify if their household income is within the maximum income shown for their household size on the instructions.

## **COMMON QUESTIONS:**

**I get WIC or Medical Assistance. Can my children qualify?** Children in households participating in WIC or Medical Assistance do not automatically qualify. Children may be eligible depending on other household financial information. Please fill out an application.

**Who should I include as household members?** Include yourself and all other people living in the household, related or not (such as grandparents, other relatives, or friends).

**May I apply if someone in my household is not a U.S. citizen?** Yes. You or your children do not have to be U.S. citizens for you to complete an application.

**What if my income is not always the same?** List the amount that you normally get. If you normally get overtime, include it, but not if you get overtime only sometimes. For seasonal work, write in the total annual income.

**Will the income information or case number I give be checked?** It may be. We may also ask you to send written proof.

**How will the information be kept?** Information you provide on the form, and your child's approval, will be protected as private data. For more information, see the back page of the Application for Educational Benefits.

**If I don't qualify now, may I apply later?** Yes. Please complete an application at any time if your income goes down, your household size goes up, or you start getting SNAP, MFIP or FDPIR benefits.

If you have other questions or need help, call 952-473-4355.

Sincerely,

Emily Rohla



## How to Complete the Application for Educational Benefits

Complete the Application for Educational Benefits form for school year 2023-24 if any of the following applies to your household:

- Any household member currently participates in the Minnesota Family Investment Program (MFIP), or the Supplemental Nutrition Assistance Program (SNAP), or the Food Distribution Program on Indian Reservations (FDPIR) or
- The household includes one or more foster children (a welfare agency or court has legal responsibility for the child) or
- The total income of household members is within the guidelines shown below (**gross earnings before deductions**, not take-home pay). Do not include as income: foster care payments, federal education benefits, MFIP payments, or value of assistance received from SNAP, WIC, or FDPIR. Military: Do not include combat pay or assistance from the Military Privatized Housing Initiative. The income guidelines are effective from July 1, 2023 through June 30, 2024.

**Maximum Total Income**

Household size	\$ Per Year	\$ Per Month	\$ Twice Per Month	\$ Per 2 Weeks	\$ Per Week
1	26,973	2,248	1,124	1,038	519
2	36,482	3,041	1,521	1,404	702
3	45,991	3,833	1,917	1,769	885
4	55,500	4,625	2,313	2,135	1,068
5	65,009	5,418	2,709	2,501	1,251
6	74,518	6,210	3,105	2,867	1,434
7	84,027	7,003	3,502	3,232	1,616
8	93,536	7,795	3,898	3,598	1,799
Add for each additional person	9,509	793	397	366	183

### Step 1: Children

List all infants and children in the household, their school and grade if applicable, and birthdate. Attach an additional page if needed to list all children. Check the box if a child is in foster care (a welfare agency or court has legal responsibility for the child).

### Step 2: Case Number

If any household member currently participates in SNAP, MFIP or FDPIR, write in the case number and then go to Step 4. If you do not participate in any of these programs, leave Step 2 blank and continue on to Step 3.

### Step 3: Adult and Child Incomes / Last 4 Digits of Social Security Number

- Social Security Number/Total Household Members.** An adult household member must provide the last four digits of their Social Security number or check the box if they do not have a Social Security number. Report the total number of household members and ensure all household members are listed individually on the application in the child or adult section as applicable.
- Child Income.** If any children in the household have regular income, such as SSI or part-time jobs, list the total amount of regular incomes received by all children, and check the box for the frequency: weekly, bi-weekly, twice a month, or monthly. Do not include occasional earnings like babysitting or lawn mowing.
- Adult income.** Report the names of adult household members and income earned in this section.
  - List all adults living in the household not listed in Step 1, whether related or not, such as grandparents, relatives, or friends.
  - Gross Earnings from Work.** This is usually the money received from working at jobs where a paycheck is received. For each income, check the box to show how often the income is received: weekly, bi-weekly, twice per month, or monthly.
  - List gross incomes before deductions, not take-home pay. Do not list an hourly wage rate. For adults with no income to report, enter a '0' or leave the section blank. For seasonal work, write in the total annual income.
  - Are you Self-Employed or a Farmer?** List the net income per month or year after business expenses. Do not list the same income twice on the application. A loss from farm or self-employment must be listed as 0 income and does not reduce other income.
  - Any Other Gross Income.** List gross incomes before deductions from all other sources, such as SSI, unemployment, child support, public assistance, social security, rental income or annuities.

**Step 4: Signature and Contact Information** An adult household member must sign the form. If you do not want your information to be shared with Minnesota Health Care Programs, check the "Don't share" box in Step 4.

**Optional:** Please provide the information on ethnicity and race that is requested on the second page of the form. This information is not required and does not affect approval for school meal benefits. The information helps to ensure we are meeting civil rights requirements and fully serving our community.

## 2023-24 Application for Educational Benefits

Complete one application per household for all children. Please use pen (not a pencil). **Mail or return completed form to: (School/District Information)** \_\_\_\_\_

**STEP 1: List ALL Household Members who are infants, children, and students** up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper).

**Definition:** A Household Member is "Anyone living with you and shares income and expenses, even if not related." Read *How to Complete the Application for Educational Benefits* for more information. Adults over grade 12 living in the same household should be reported in Step 3. If your children attend different districts or charter/nonpublic schools, return an application at each one.

Child's First Name (list all children in household)	MI	Child's Last Name	School	Grade	Birthdate	Foster Child (v)
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>

**STEP 2:** Do Any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, MFIP or FDPIR? Medical assistance **does not** qualify. If **NO** > Go to STEP 3.

If **YES** >Enter SNAP, MFIP or FDPIR Case Number (between 4-9 digits, do not report EBT card number) \_\_\_\_\_ then go to STEP 4 (Do not complete STEP 3)

**STEP 3:** Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

A. Last Four Digits of Social Security Number (SSN) of Adult Household Member: XXX-XX-     Or Check if Adult has No SSN: ☐ Total Number of All Household Members (Children + Adults)

B. Child Income.

Sometimes children in the household earn or receive income, such as from a part time job or SSI. Please include the TOTAL income received by all children listed in STEP 1. Do not include income received by adults in the box to the right.

Total Income Received by All Children	Weekly	Bi-weekly	2x Month	Monthly
\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. All Adult Household Members (including yourself). For each Household Member listed, if they do receive income, report total gross income only. If they do not receive income from any source, write '0' or leave any fields blank. You are certifying (promising) that there is no income to report. Not sure what income to include here? Flip the page and review "Sources of Income" for information. "Sources of Income" will help you with the Child Income section and All Adult Household Members section.

Names of All Adult Household Members (First and Last)
List all Household members not listed in STEP 1 (including yourself) even if they do not receive income. Include children who are temporarily away at school or in college.

Gross Earnings from Working at Jobs				
Weekly	Bi-weekly	2x Month	Monthly	Report income <b>before</b> deductions or taxes in whole dollars (no cents).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$

Are you Self-Employed or a Farmer?		
Monthly	Yearly	Net income from Farm or Self-Employment. Do not duplicate elsewhere.
<input type="checkbox"/>	<input type="checkbox"/>	\$
<input type="checkbox"/>	<input type="checkbox"/>	\$
<input type="checkbox"/>	<input type="checkbox"/>	\$
<input type="checkbox"/>	<input type="checkbox"/>	\$

Any Other Gross Income				
Weekly	Bi-weekly	2x Month	Monthly	SSI, Unemployment, Public Assistance, Child Support, and others on Page 2
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$

**STEP 4: Contact information and adult signature.** "I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is give in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

☐ I have checked this box if I *do not* want my information shared with Minnesota Health Care Program as allowed by state law.

Printed name of adult signing form \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Address (if available) \_\_\_\_\_ Apt# \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**SIGN HERE: Signature of Household Adult** \_\_\_\_\_ Date \_\_\_\_\_

Do Not Fill Out: For School Office Use Conversions to Annualize All Income:	X52	X26	X24	X12	X1	<input type="checkbox"/> Verified? Attach Tracker	No change <input type="checkbox"/>	Free After Verified <input type="checkbox"/>	Reduced After Verified <input type="checkbox"/>	Denied After Verified <input type="checkbox"/>
	Weekly	Bi-weekly	2X Month	Monthly	Annualize		Categorical Eligibility <input type="checkbox"/>	Free <input type="checkbox"/>	Reduced <input type="checkbox"/>	Denied <input type="checkbox"/>
<b>All Total Income</b> (Include child and adult income)						<b>Household Size:</b>				
\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Determining Official Signature:</b>										
<b>Confirming Official Signature:</b>										

## OPTIONAL: Children's Racial and Ethnic Identities

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility. Respond to both Step One, *Ethnicity* and Step Two, *Race*.

**Step One: Ethnicity (check one):** ☐ Hispanic or Latino ☐ Not Hispanic or Latino

**Step Two: Race (check one or more):** ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

## INSTRUCTIONS: Sources of Income

### Sources of Income for Children

Sources of Child Income	Examples
<ul style="list-style-type: none"><li>Earnings from work</li><li>Social Security<ul style="list-style-type: none"><li>Disability Payments</li><li>Survivor's Benefits</li></ul></li><li>Income from person outside the household</li><li>Income from any other source</li></ul>	<ul style="list-style-type: none"><li>A child has a regular full or part-time job where they earn a salary or wages</li><li>A child is blind or disabled and receives Social Security</li><li>A Parent is disabled, retired, or deceased, and their child receives Social Security benefits</li><li>A friend or extended family member regularly gives a child spending money</li><li>A child receives regular income from a private pension fund, annuity, or trust</li></ul>

### Sources of Income for Adults

Earnings from Work	Public Assistance / Alimony / Child Support	All Other Income
<ul style="list-style-type: none"><li>Salary, wages, cash bonuses (before deductions or taxes)</li><li>Net income from self-employment (farm or business)</li><li>If you are in the U.S. Military:<ul style="list-style-type: none"><li>Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances)</li><li>Allowances for off-base housing, food and clothing</li></ul></li></ul>	<ul style="list-style-type: none"><li>Cash Assistance from State or local government</li><li>Supplemental Security Income</li><li>Unemployment benefits</li><li>Worker's compensation</li><li>Alimony payments</li><li>Child support payments</li><li>Veteran's benefits</li><li>Strike benefits</li></ul>	<ul style="list-style-type: none"><li>Social Security</li><li>Disability benefits</li><li>Regular income from trusts or estates</li><li>Annuities</li><li>Investment income</li><li>Rental income</li><li>Regular cash payments from outside household</li></ul>

The **Richard B. Russell National School Lunch Act** requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

At public school districts, each student's school meal status also is recorded on a statewide computer system used to report student data to MDE as required by state law. MDE uses this information to: (1) Administer state and federal programs, (2) Calculate compensatory revenue for public schools, and (3) Judge the quality of the state's educational program.

**Nondiscrimination statement:** In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

- (1) **mail:** U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410; or  
(2) **fax:** (833) 256-1665 or (202) 690-7442; or  
(3) **email:** [program.intake@usda.gov](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.



## HEALTH GUIDELINES

July 2023

Welcome back to our students and parents and welcome new families and students. We hope to make this a safe and healthy school year. To do this, we need your help. A few reminders before the beginning of the school year:

### Minnesota State Immunization Requirements:

<b>Polio</b>	3-4 doses depending on age when 3 <sup>rd</sup> dose was given.
<b><u>DTaP</u>, DTP, DT</b>	4-5 doses depending on age when 4 <sup>th</sup> dose was given.
<b><u>2 MMRs, 3 Hepatitis B and 2 Varicella</u></b>	is now enforced at <b>ALL</b> grades, not just K and 7 <sup>th</sup>
<b><u>Tdap</u></b>	<b>ALL 7<sup>th</sup> – 12<sup>th</sup></b> grade to have Tdap not just Td
<b><u>Meningococcal</u> (MCV, MPSV)</b>	7 <sup>th</sup> grade has to have. Encourage 8 <sup>th</sup> – 12 <sup>th</sup> grades to consider

- If your child has had any of the diseases listed above, it is required that there be a physician's signature to confirm. Check with your child's physician and turn in the requested information before the first day of school. **NO SHOTS, NO SCHOOL. If you choose to have your child (ren) exempt from immunizations, please contact Vicky Lincoln at her email address.** Once we have your exemption of file, we do not need a new one each year.
- **I do not need** a new immunization form filled out every year.
- If your child has allergies that require immediate attention (life threatening) you should obtain an **Emergency Action Plan from your Doctor**, Epi pen/Benadryl, etc., before the start of the school year. You will need to sign this also. This **does not carry over year-to-year**.
- If your child needs medications to be kept in the Health Office during the school year, the proper paperwork needs to be filled out. This can be found on the website under **Health office. Prescription Medication** needs both doctor and parent signature. **Nonprescription Medication** needs only parent signature. **All medication needs to be in its original container with the child's name and dosage on it.**
- Students are not allowed to carry any meds. If your child is in middle school, they can be evaluated by our district nurse to self-carry an inhaler.



## ABSENCES & ILLNESSES

Below are rules about student absences or illnesses.

- Children need to stay home if they have a *temperature of 100° or greater*, are *throwing up* or have *diarrhea*. They may return to school when the fever has been less than 100° for 24 hours *without fever-reducing medicine*, when it has been 24 hours since the last episode of vomiting or diarrhea and when the child feels well enough to return. If there is doubt in the morning whether your child is ok to be in school that day, you may consider keeping him or her home for the morning and seeing how it goes.
- If your child will be **absent** from school, either for a day or for an extended time for a family activity or vacation, you *must* report their absence, either by e-mailing the teacher or calling our attendance line at 651-362-6409. Please include a reason for the absence.
- Parents, please let us know in the health office if your child is diagnosed with a **communicable condition** such as Strep Throat, Pink Eye, Fifth Disease, Influenza, Head Lice, etc. We need to communicate this information to the parents of other students in your child's class. Call the front desk at 952-473-4355 or the health office at 952-261-0601 to report.
- **Undiagnosed rashes** and other skin conditions need to be diagnosed by a physician before your child can be in school. There are many skin conditions which are contagious, and we want to be sure that no sharing takes place! Again, please let us know in the health office of the diagnosis.
- Keep checking heads for our least favorite critter, **Head Lice**. We can offer guidance on what to do if your child is affected. Prevention is a lot easier than treating - discourage your children from having any head-to-head contact with others or share hats, combs, towels, etc.
- If you have any Health-related questions during the summer please contact Annie Lumbar-Benson, Minnetonka district health services at 952-401-5993

Vicky Lincoln  
St. Therese School Health Paraprofessional  
952-261-0601  
[Health@st-therese.org](mailto:Health@st-therese.org)



## OVER THE COUNTER MEDICATION REQUEST AT SCHOOL

### Minnetonka Public School Health Services

Grades K-12

Parents of a student requesting that medication be administered during school hours by school staff are required to provide for the school: **a parental release** and medication supplies in the **original medication bottle clearly labeled with the student's name.**

Student name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_ Grade/Grad Year: \_\_\_\_\_ Teacher: \_\_\_\_\_

#### Parental request for administration of medication

I request this medication be given as instructed:

\_\_\_\_\_ Daily

\_\_\_\_\_ As needed

Medication: \_\_\_\_\_ Dosage \_\_\_\_\_

For Treatment of: \_\_\_\_\_

Possible side effects: \_\_\_\_\_

Administering instructions: \_\_\_\_\_

Other instructions: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_ Daytime phone: \_\_\_\_\_ Date: \_\_\_\_\_



## PRESCRIPTION MEDICATION REQUEST AT SCHOOL

### Minnetonka Public School Health Services Request Form

\_\_\_\_\_ Daily \_\_\_\_\_ As needed

Student's name \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Parents of students requesting that medication be administered during school hours by school staff are required to provide for the school: (1) the physician's order, (2) a parental release and (3) medication in the prescribed bottles. Ask for medication to be divided into two prescription bottles completely labeled: one for home and one for school.

\*\*\*\*\*

#### PHYSICIAN'S ORDER FOR ADMINISTRATION OF MEDICATION BY SCHOOL PERSONNEL

I have prescribed the following medication \_\_\_\_\_  
(name of medication) (dosage in mg, etc.)

to be given during school hours at \_\_\_\_\_ for the treatment of \_\_\_\_\_.

Length of time to be given \_\_\_\_\_ Discontinue after dose on \_\_\_\_\_.

Physician's signature \_\_\_\_\_ Date \_\_\_\_\_

Print physician's name \_\_\_\_\_ Phone \_\_\_\_\_

\*\*\*\*\*

#### PARENTAL REQUEST FOR ADMINISTRATION OF MEDICATION

Only when a medication is prescribed to be taken during school hours will a child be given medication at school. I request this medication be given as prescribed. Licensed School Nurses may request additional information from the physician regarding this medication/condition.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_ Daytime phone \_\_\_\_\_

<u>Date &amp; name of med rec'd</u>	<u>Pharmacy &amp; Rx</u>	<u>Unit Dosage</u>	<u>Count</u>	<u>Exp. Date</u>	<u>Initials</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Initials

Signatures

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Enter the dates for each vaccine your child has received to date. Specify the month, day, and year of each dose such as 01/01/2010.

# Immunization Form

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

## Immunizations required for child care, early childhood programs, and school.

Vaccine	Birth to 6 months	12 -24 months	At Kindergarten	At 7th grade	At 12th grade
Hepatitis B	<input type="text"/>	<input type="text"/>			
Diphtheria, Tetanus, Pertussis (DTaP, DT, Td)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>Haemophilus influenzae</i> type b (Hib)	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Pneumococcal (PCV)	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Polio	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Measles, Mumps, Rubella (MMR)		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Chickenpox (varicella)		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Hepatitis A		<input type="text"/>	<input type="text"/>		
Tetanus, Diphtheria, Pertussis (Tdap)				<input type="text"/>	
Meningococcal (MCV4)				<input type="text"/>	<input type="text"/>

Minnesota law requires children enrolled in child care, early childhood education, or school to be immunized against certain diseases, unless the child is medically or non-medically exempt.

### Instructions for parent or guardian:

- Fill out the dates in chronological order even if your child received a vaccine outside of the age/grade category that the box is in. Depending on the age of your child, they may not have received all vaccines; some boxes will be blank.
  - If you have a copy of your child's immunization history, you can attach a copy of it instead of completing the front of this form.
  - Your doctor or clinic can provide a copy of your child's immunization history. If you are missing or need information about your child's immunization history, talk to your doctor or call the Minnesota Immunization Information Connection (MIIC) at 651-201-3980 or 800-657-3970.
- Sign or get the signatures needed for the back of this form.
  - Document medical and/or non-medical exemptions in section 1.
  - Verify history of chickenpox (varicella) disease in section 2.
  - Provide consent to share immunization information (optional) in section 3.

**Instructions:** Complete section 1 to document a medical or non-medical exemption, section 2 to verify history of varicella disease, and section 3 to consent to share immunization information.

Name \_\_\_\_\_

**1. Document a medical and/or non-medical exemption (A and/or B).**

Place an X in the box to indicate a medical or non-medical exemption. If there are exemptions to more than one vaccine, mark each vaccine with an X.

Vaccine	Medical Exemption	Non-Medical Exemption
Diphtheria, Tetanus, and Pertussis		
Polio		
Measles, Mumps, Rubella		
<i>Haemophilus influenzae</i> type b		
Chickenpox (varicella)		
Pneumococcal		
Hepatitis A		
Hepatitis B		
Meningococcal		

**A. Medical exemption:** By my signature below, I confirm that this child should not receive the vaccines marked with an X in the table for medical reasons (contraindications) or because there is laboratory confirmation that they are already immune.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(of health care practitioner\*)

**2. History of chickenpox (varicella) disease.** This child had chickenpox in the month and year \_\_\_\_\_

My signature below means that I confirm that this child does not need chickenpox vaccine because:

- ☐ I am a health care practitioner and this child was previously diagnosed with chickenpox or the parent provided a description that indicates this child had chickenpox in the past.
- ☐ I am the parent or guardian and this child had chickenpox on or before September 1, 2010.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(of health care practitioner\*, representative of a public clinic, or parent/guardian). Parent can sign if chickenpox occurred before September 2010.

\*Health care practitioner is defined as a licensed physician, nurse practitioner, or physician assistant.

**B. Non-medical exemption:** A child is not required to have an immunization that is against their parent or guardian’s beliefs. However, choosing not to vaccinate may put the health or life of your child or others they come in contact with at risk. Unvaccinated children who are exposed to a vaccine-preventable disease may be required to stay home from child care, school, and other activities in order to protect them and others.

By my signature, I confirm that this child will not receive the vaccines marked with an X in the table because of my beliefs. I am aware that my child may be required to stay home from child care, school, and other activities if exposed.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(of parent or guardian in presence of notary)

**Non-medical exemptions must also be signed and stamped by a notary:**

This document was acknowledged before me  
on \_\_\_\_\_ (date)

by \_\_\_\_\_  
(name of parent or guardian)

Notary Signature: \_\_\_\_\_

Notary Stamp

STATE OF MINNESOTA, COUNTY OF \_\_\_\_\_

**3. Consent to share immunization information:** This school is asking for permission to share your child’s immunization record with Minnesota’s immunization information system. Giving your permission will:

- Provide easier access for you and your school to check immunization records, such as at school entry each year.
- Support your school in helping to protect students by knowing who may be vulnerable to disease based on their immunization record. This can be important during a disease outbreak.

Under Minnesota law, all the information you provide is private and can only be released to those authorized to receive it. Signing this section of the form is optional. If you choose not to sign, it will not affect the health or educational services your child receives.

I agree to allow my child’s school to share my child’s immunization documentation with Minnesota’s immunization information system:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(of parent/guardian)



# Minnetonka Public Schools / St. Therese School

## Annual Verification of Census and Emergency Contact Information

Please read the information contained in this form carefully. Verification of this data is required to keep student information up to date and accurate. Make corrections, deletions and/or additions where necessary. Any changes that occur after this form is returned may be forwarded to the school office.

☐

### Student Information

Name	Grade	Gender	Birthdate	Race/Ethnicity
Address				Home Phone
Address listed above is student's				
<input type="checkbox"/> Primary residence <input type="checkbox"/> Secondary residence <input type="checkbox"/> Other with _____				

### Parent/Guardian Information

Relationship / Guardian 1	Work Phone	Cell Phone	Pager	E-mail Address
Relationship / Guardian 2	Work Phone	Cell Phone	Pager	E-mail Address
Relationship / Relationship	Work Phone	Cell Phone	Pager	E-mail Address

### Other Household Members

Name	Relationship	Gender	Birthdate	Grade
Name	Relationship	Gender	Birthdate	Grade
Name	Relationship	Gender	Birthdate	Grade

**Emergency Contacts** (Persons authorized to care for sick student and act in an emergency when parents cannot be reached.)

Name	Relationship	Home Phone	Work Phone	Cell Phone	Pager
Name	Relationship	Home Phone	Work Phone	Cell Phone	Pager
Name	Relationship	Home Phone	Work Phone	Cell Phone	Pager

If the parent/guardian cannot be reached, emergency numbers will be called in the event of sudden illness or minor accidents in school. In a serious medical emergency life-saving measures will be instituted immediately. If the child's condition permits, the physician will be called for instructions. If immediate medical attention is indicated, the community rescue team or an ambulance will be called for emergency care and transported to an emergency hospital room if needed. Such procedures will be reserved for extreme emergency situations and every attempt to notify the parent/guardian as soon as possible will be made.

Complete the Annual Verification of Health Information on the reverse side



## FORM SHOULD BE RETURNED BY FIRST DAY OF SCHOOL

## Annual Verification of Health Information

Student Information				
<b>Name</b>	<b>Grade</b>	<b>Gender</b>	<b>Birthdate</b>	<b>Race/Ethnicity</b>
<b>Medications</b>				
(Refer to St. Therese School Parent/Student Handbook for Health Regulations and Procedures)				
Medications given at home				
Medications given at school				
<b>Health Issues and Conditions</b>				
Acute or Chronic illness, injuries or operations this past year (list dates)				
New Health Issues				
Glasses/Contacts			Hearing/Ear Concern	
Activity Restrictions				
Asthma/allergies that require management during the school day				
Asthma: Yes / No		Explain _____		
My student is carrying his/her own inhaler (Physician's note required)				
Allergies: Yes / No		Explain _____		
Last Physical (mo/day/yr) _____ Immunizations during the past year. (mo/day/yr) and type _____				
<b>Physician and Clinic Information</b>				
Physician		Clinic		
		Clinic Phone		
Hospital Preference				
<b>Other Information</b>				
Are there custody issues? Yes / No if yes, explain:				
Additional information that might be helpful in understanding your student (such as death, divorce, learning problems, etc)				
<b>For Your Information</b>				
Hearing, vision and scoliosis screening are provided for students according to state guidelines.				
The School District is requesting the above information in connection with your child's enrollment in the School District and State law which requires that the School District keep health records of each school-age child. The data you supply will be used by the School District for the purposes of contacting you or those you have authorized in case of emergency and to address health and safety issues pertaining to your child.				
You are not legally required to supply this information and may refuse to provide it. If you do not provide the requested information, in whole or in part, the School District may not be able to contact you in a timely manner if an emergency should arise or may not be able to fully address health and safety concerns pertaining to your child. If you provide the data, the School District will be able to contact you and will have more complete information to address health and safety concerns of your child at school.				
The data you provide is classified by the School District as private educational data. This data may be shared with nursing staff, administration and other staff members who have a legitimate educational interest in the information. While most of the data you provide is classified as private data, some data (i.e., student name, address, etc.) is classified as directory information, which may be shared with the public under the conditions set forth in the School District's Student Records Policy. Any private data you provide may be shared with other persons or entities only where proper consent is provided, or as otherwise required or permitted by State or federal law.				
If you have any questions regarding the completion of this form, please contact the school health office.				
<b>Parent/Guardian Signature</b>			<b>Date</b>	



# St. Therese Spirit Club and Homework Help Registration



Our Mission: To provide after school, non-school day, and summer care for children enrolled at St. Therese School. **Spirit Club** is designed to create a safe, well-supervised and fun environment while instilling and building on the values taught at St. Therese School. **Homework Help** is designed for extra time after school for middle school students (grades 6 – 8) to complete their work. It is free until 3:15pm. If additional care is needed, please register them for Spirit Club. At 3:15, they will then join the main Spirit Club group and you will be billed the same rates as below.

## Tuition Fees:

**Registration Fee:** \$40 per family per school year. Non-refundable.  
\$25 Early registration discount - before August 4.

<b>After School:</b>	1 child	2 <sup>nd</sup> child	3 <sup>rd</sup> child	4 <sup>th</sup> child
Spirit Club (grades K – 5)	\$20.00	\$17.00	\$15.00	\$10.00
Homework Help (grades 6 – 8)	\$15.00	\$15.00		

<b>Discounted Rate 4:00 pick up:</b>	1 child	2 <sup>nd</sup> child	3 <sup>rd</sup> child	4 <sup>th</sup> child
(must indicate on form and be picked up by 4:00)	\$15.00	\$15.00	\$15.00	\$15.00

<b>Non-School Days (all grades):</b>	1 child	2 <sup>nd</sup> child	3 <sup>rd</sup> child	4 <sup>th</sup> child
1 day a week	\$60.00	\$57.00	\$55.00	\$50.00

***Field trip and enrichment fees are in addition to daily fees.***

***Spirit Club is available on most non-school days.***

Please complete and return [this form](#) by August 4<sup>th</sup> to save a space in Spirit Club for the fall. Space is limited and priority will be given to families needing at least 3 days/week. The full registration packet and September sign up will be available at the open house.

## **Spirit Club After School Care Registration** **& Emergency Policies Overview:**

\*A full handbook will be available in your registration packet.

\* Completed registration information and fee is due prior to the first day of school to ensure enrollment in Spirit Club. Any child attending without appropriate registration fee and materials will be charged an additional \$20 per day until received.

\*Please have all monthly registration forms in before the due date. Staffing requirements are based on number of students signed up to attend.

\*If you need your child to attend Spirit Club on a day that they were not registered for, please call or send an e-mail to Jo Ellen Begalke at least 24 hours in advance of the day your child needs to attend, extra fees (additional \$20 per day) will be applied to your statement.

\*If you have registered your child for a day that is no longer needed, please call or send an e-mail to Jo Ellen Begalke to inform us of the change. You will not be charged for any day your child is sick (absent) from school at the end of the day.

\*Any change in your child's schedule needs to be communicated by note or e-mail to your child's teacher as well as Jo Ellen Begalke.

\*All fees will be billed monthly to your TADS account. You will be charged the additional \$20 fee for any days your child attends prior to the office receiving your monthly registration.

\*Spirit Club monthly registration sheets are available outside the St. Therese School office or in the Spirit Club room.

\*Spirit Club closes at 5:30pm. If your child is picked up after 5:30pm, you will be charged \$1 per minute per child. If signed up for early pickup (4:00pm), you will also be charged \$1 per minute you pick up after 4:00.

\*In cases of emergency, and you need someone else to pick up your child, please send a note with your child indicating who will be picking up. They will be instructed to show a driver's license.

\*Spirit club is a continuation of a school day. Therefore school-appropriate behavior will be enforced. If your child does not abide by these expectations, you will be asked to make other after-school arrangements.

~Spirit Club direct [spiritclub@st-therese.org](mailto:spiritclub@st-therese.org).

~Jo Ellen Begalke, Spirit Club Director: [JBegalke@st-therese.org](mailto:JBegalke@st-therese.org) or 952-261-0587.

# St. Therese & St John's Athletics Program

## Exercising Our Faith

A competitive sports program offering soccer, volleyball, and basketball for students of St. Therese and St John's Catholic Schools and parishes. We participate in the South Side Youth Organization, a league comprised of non-public schools in Minneapolis and the southwestern suburbs.

**STS/SJB Athletics** strives to provide individual skill development while building team dynamics

**STS/SJB Teams** do their best to create a competitive & supportive environment for any student who wants to participate and serve as a means to enhance school spirit and provide opportunities to build skills with fellow students.

### Soccer

Boys and girls, 4<sup>th</sup> – 8<sup>th</sup> grade  
August – October  
Co-ed teams  
Cub and Varsity level  
8 – 12 games per season  
1-2 practices / week



#### Fall 2022 Highlights

- 1 team (Cub)
- 13 players
- 3 volunteer parent/alumni coaches

### Volleyball

Girls, 4<sup>th</sup> – 8<sup>th</sup> grade  
August – October  
Cub and Varsity level  
10 – 14 games per season  
1-2 practices / week



#### Fall 2022 Highlights

- 2 teams (1 Cub, 1 Varsity)
- 21 players
- 3 volunteer parent/alumni coaches
- 1 teacher coach

### Basketball

Boys and Girls, 4<sup>th</sup> – 8<sup>th</sup> grade  
November – March  
Cub and Varsity level  
10 – 14 games per season  
1-2 practices / week



#### Winter 2022-2023 Highlights

- 3 teams (1 Cub, 2 Varsity)
- 27 players
- 3 volunteer parent/alumni coaches
- 2 high school assistant coaches
- Cub Tournament Champions!
- Varsity Tournament Runner-up!





## ADDITIONAL WAYS TO SUPPORT ST. THERESE CATHOLIC SCHOOL

### Scrip Program

Easiest. Fundraiser. Ever.

Let the money you are already spending at Target, Cub, Holiday, etc., earn money for our school. Purchase gift cards in the school office or after Mass on Sundays.

### General Mills Box Tops for Education

Have you downloaded the new Box Tops app yet? Check out this short [video](#) for a quick explanation! Physical Box Top clips are being phased out of production; however, they may continue to be found on many products throughout the store. You may still clip these Box Tops and send in with your students. Scanned Box Tops are already on many products. Look for the Box Tops logo on hundreds of products you know and love. Buy the products, scan your receipt with the Box Tops mobile app, and automatically earn 10¢ Box Tops for our school.

### Financial Gifts

We are grateful for the many things our families and community members do to help us live out our school mission. In addition to our annual fundraisers, there are many tax-deductible ways to help support St. Therese Catholic School financially:

**The *Fair Share*** program is designed to help defray the difference between the actual cost of educating a student at St. Therese (\$9,000+) and tuition (\$5,750). *Fair Share* helps us keep our tuition rates reasonable and allows families who *can* do more to do so. Fair Share can be accessed through TADS or you can speak with Mr. Groebner.

**The *Fr. Shea Fund*** provides tuition assistance to those who need support. Over \$90,000 was given in tuition assistance last year, and the need is growing. Your support of the Fr. Shea Fund allows us to say “yes” to families who desire a Catholic education for their children but are prohibited by financial challenges.

### General Gifts to School

Unrestricted gifts to St. Therese School also help in so many ways to continue to bridge the gap between tuition and expenses and allow us to provide the highest quality programming.

Many companies offer ***matching grant programs***, so please check with your place of employment to see if this option is available.

Please contact Principal Adam Groebner (952-473-4355) for more information on these and other opportunities for giving.



**ST. THERESE SCHOOL  
KINDERGARTEN SUPPLY  
LIST 2023 – 2024**

<b>QTY NEEDED</b>	<b>ITEM NAME</b>	<b>BOUGHT</b>
3	24 Ct. Boxes of Crayons	<input type="checkbox"/>
3	2-Pocket folders (fun and sturdy!)	<input type="checkbox"/>
1	1" 3-ring binder, white	<input type="checkbox"/>
1	Clipboard, 9" x 12 ½"	<input type="checkbox"/>
2	10ct. Crayola Broad tip Marker set – Classic Colors	<input type="checkbox"/>
2	Black Sharpie Markers (for Art)	<input type="checkbox"/>
2	Reams of white copy paper; 8 ½ x 11	<input type="checkbox"/>
1	School Box, 8" x 5", Hard Plastic (no zippers)	<input type="checkbox"/>
1	Pair of Headphones	<input type="checkbox"/>
1	16 oz. (or more) bottle of hand sanitizer	<input type="checkbox"/>
1	Towel or small blanket (for rest time)	<input type="checkbox"/>
1	Large backpack	<input type="checkbox"/>
1	Composition Notebook (for Spanish)	<input type="checkbox"/>
2	Large glue sticks	<input type="checkbox"/>
2	Boxes of Kleenex	<input type="checkbox"/>
1	Container of Clorox wipes	<input type="checkbox"/>
12-24	Individual, Pre-sharpened yellow pencils	<input type="checkbox"/>
**	No "tie shoes" please! (slip-ons or Velcro, highly preferred!)	<input type="checkbox"/>



**ST. THERESE SCHOOL  
GRADE 1 SUPPLY  
LIST 2023 – 2024**

<b>QTY NEEDED</b>	<b>ITEM NAME</b>	<b>BOUGHT</b>
1	Clipboard, 9" x 12 ½"	<input type="checkbox"/>
1	24 ct. Box of Crayons	<input type="checkbox"/>
2	Eraser, Pink Pearl (1 for Art)	<input type="checkbox"/>
3	Folders; 2-pocket, fun and sturdy	<input type="checkbox"/>
4	Large glue sticks (2 for class and 2 for Art)	<input type="checkbox"/>
2	Black Sharpie Markers (for Art)	<input type="checkbox"/>
2	10 ct. Crayola Broad tip Marker set	<input type="checkbox"/>
1	Crayola Colorful Broad Tip Marker set (for Art)	<input type="checkbox"/>
2	Reams of white copy paper; 8 ½ x 11	<input type="checkbox"/>
20	#2 Pencils; <b>Sharpened</b>	<input type="checkbox"/>
1	School Box, 8" x 5" or case	<input type="checkbox"/>
1	Ruler; inches and centimeters	<input type="checkbox"/>
1	Scissors	<input type="checkbox"/>
1	Primary ruled marble comp book 100ct	<input type="checkbox"/>
1	Wide ruled black marble comp book 100ct	<input type="checkbox"/>
1	Composition notebook (for Spanish)	<input type="checkbox"/>
1	Pair of Headphones	<input type="checkbox"/>
1	School bag/backpack	<input type="checkbox"/>
1	Large container of disinfecting wipes	<input type="checkbox"/>
2	Boxes of Kleenex	<input type="checkbox"/>
1	Bottle of hand sanitizer	<input type="checkbox"/>
1	Roll of paper towels	<input type="checkbox"/>



**ST. THERESE SCHOOL  
GRADE 2 SUPPLY  
LIST 2023 – 2024**

<b>QTY NEEDED</b>	<b>ITEM NAME</b>	<b>BOUGHT</b>
1	Clipboard, 9" x 12 ½"	<input type="checkbox"/>
1	Soft Pouch zippered pencil Case ( <b>NO HARD CASES</b> )	<input type="checkbox"/>
1	24 ct. Box of Crayons	<input type="checkbox"/>
1	Erasers, Large Pink (for Art)	<input type="checkbox"/>
2	Black Sharpie Markers (for Art)	<input type="checkbox"/>
4	Glue Sticks (2 are for Art)	<input type="checkbox"/>
2	10 ct. Crayola Broad tip Marker set (1 is for Art)	<input type="checkbox"/>
1	12 ct. Colored Pencils	<input type="checkbox"/>
1	Wide ruled Black marble composition book 100ct	<input type="checkbox"/>
1	Wide ruled Yellow marble composition book 100ct	<input type="checkbox"/>
1	Composition Notebook (for Spanish) <b>*NEW STUDENTS ONLY*</b>	<input type="checkbox"/>
1	Roll Paper Towels	<input type="checkbox"/>
1	Ream of white copy paper; 8 ½ x 11	<input type="checkbox"/>
2	Boxes (12 ct.) #2 Pencils; <b>Sharpened</b>	<input type="checkbox"/>
1	12" Ruler; <b>Must be Wood</b> ; std. & metric	<input type="checkbox"/>
1	Scissors; Fiskars for kids; pointed	<input type="checkbox"/>
1	Large container of disinfecting wipes	<input type="checkbox"/>
1	Box of Kleenex	<input type="checkbox"/>
2	4 packs of Expo White Board Markers	<input type="checkbox"/>
1	Pair of Headphones	<input type="checkbox"/>
1	School bag/backpack	<input type="checkbox"/>
3	2-pocket folders	<input type="checkbox"/>
1	Package of Pencil Eraser Caps	<input type="checkbox"/>



**ST. THERESE SCHOOL  
GRADE 3 SUPPLY  
LIST 2023 – 2024**

<b>QTY NEEDED</b>	<b>ITEM NAME</b>	<b>BOUGHT</b>
2	1" View Binder, Heavy Duty, White	<input type="checkbox"/>
1	Clipboard, 9" x 12 ½"	<input type="checkbox"/>
1	Pencil Case	<input type="checkbox"/>
1	24 ct. Box of Crayons	<input type="checkbox"/>
2	Erasers, Large Pink (1 for Art)	<input type="checkbox"/>
2	Folders; 2-pocket	<input type="checkbox"/>
4	Glue Sticks (2 are for Art)	<input type="checkbox"/>
2	Black Sharpie Markers (for Art)	<input type="checkbox"/>
2	10 ct. Crayola Broad tip Marker set (1 is for Art)	<input type="checkbox"/>
1	12 ct. Colored Pencils	<input type="checkbox"/>
1	4 pk of dry erase markers	<input type="checkbox"/>
1	Notebook, wide ruled	<input type="checkbox"/>
1	Composition Notebook (for Spanish)	<input type="checkbox"/>
1	Reams of white copy paper; 8 ½ x 11	<input type="checkbox"/>
24	#2 Pencils; <b>Sharpened</b>	<input type="checkbox"/>
1	12" Ruler; std. & metric	<input type="checkbox"/>
1	Scissors; Fiskars for kids; pointed	<input type="checkbox"/>
2	Large containers of disinfecting wipes	<input type="checkbox"/>
1	Roll Paper Towels	<input type="checkbox"/>
1	Pair of Headphones	<input type="checkbox"/>
1	School bag/backpack	<input type="checkbox"/>



**ST. THERESE SCHOOL  
GRADE 4 SUPPLY  
LIST 2023 – 2024**

<b>QTY NEEDED</b>	<b>ITEM NAME</b>	<b>BOUGHT</b>
1	1" View Binder, Heavy Duty, White & any color	<input type="checkbox"/>
1	Loose-leaf Paper; wide ruled; 200 ct.	<input type="checkbox"/>
2	Reams of white copy paper; 8 ½ x 11	<input type="checkbox"/>
2	1 subject Wide Ruled Spiral Notebooks (Red, Blue)	<input type="checkbox"/>
1	Composition Notebook (for Spanish)	<input type="checkbox"/>
1	Clipboard, 9" x 12 ½"	<input type="checkbox"/>
2	Large Glue sticks (for Art)	<input type="checkbox"/>
2	Highlighter, Broad, Yellow	<input type="checkbox"/>
1	8 ct. Marker set; classic broad – (for classroom)	<input type="checkbox"/>
1	10ct. <b>Crayola</b> Broad tip Marker set – (for Art)	<input type="checkbox"/>
2	Black Sharpie Markers (for Art)	<input type="checkbox"/>
1	24ct Crayons or 1 Colored Pencil Set (12 ct.)	<input type="checkbox"/>
1	4 pack of white board markers	<input type="checkbox"/>
1	Folder (for Science)	<input type="checkbox"/>
3	Assorted Pocket only Folders (hole punched)	<input type="checkbox"/>
1	School Box or Pencil Pouch	<input type="checkbox"/>
24	#2 Pencils; Sharpened	<input type="checkbox"/>
2	Eraser, Pink Pearl (1 for Art)	<input type="checkbox"/>
1	Pencil Sharpener w/container	<input type="checkbox"/>
1	Ruler; 12" Standard and Metric	<input type="checkbox"/>
1	Scissors, Fiskars for kids; Pointed	<input type="checkbox"/>
2	Boxes of Kleenex (anti-viral if possible)	<input type="checkbox"/>
1	16 oz (or more) bottle of hand sanitizer	<input type="checkbox"/>
1	Large container of disinfecting wipes	<input type="checkbox"/>
1	Pair of Headphones	<input type="checkbox"/>
1	School bag/backpack	<input type="checkbox"/>



**ST. THERESE SCHOOL  
GRADE 5 SUPPLY  
LIST 2023 – 2024**

<b>QTY NEEDED</b>	<b>ITEM NAME</b>	<b>BOUGHT</b>
1	Pencil Case	<input type="checkbox"/>
1	Clipboard, 9 x 12 ½"	<input type="checkbox"/>
1	Ream of white copy paper; 8 ½ x 11	<input type="checkbox"/>
2	Black Sharpie Markers (for Art)	<input type="checkbox"/>
2	Elmer's Large Glue Sticks (for Art)	<input type="checkbox"/>
1	10ct. <b>Crayola</b> Broad tip Marker set – (for Art)	<input type="checkbox"/>
1	Composition Notebook (For Spanish)	<input type="checkbox"/>
1	Loose-leaf Paper; wide ruled; 200 ct.	<input type="checkbox"/>
2	Wide Ruled Spiral Notebooks (any color)	<input type="checkbox"/>
3	Folders (pocket only, any color) (2 for classroom & 1 for Science)	<input type="checkbox"/>
1	Plastic folder for homework/take home papers	<input type="checkbox"/>
4 boxes	#2 Pencils; Sharpened (2 for personal use & 2 for class set)	<input type="checkbox"/>
1	Colored Pencil set; 12 ct.	<input type="checkbox"/>
2	4 pack – Dry erase Expo Markers (1 set of black, 1 multi-colored)	<input type="checkbox"/>
1	Eraser for white board	<input type="checkbox"/>
1	Roll of Paper Towels	<input type="checkbox"/>
1	Scissors; Pointed (adult)	<input type="checkbox"/>
2	Boxes of Kleenex	<input type="checkbox"/>
1	Large Container of disinfecting wipes	<input type="checkbox"/>
1	Pair of Headphones (not earbuds)	<input type="checkbox"/>
1	School bag/backpack	<input type="checkbox"/>
2	Permanent Marks-a-lot black markers	<input type="checkbox"/>





# ST. THERESE SCHOOL

## GRADE 6 SUPPLY

### LIST 2023 – 2024

QTY NEEDED	ITEM NAME	WHICH CLASS	BOUGHT
1	Large container of disinfecting wipes	Advisory Class	<input type="checkbox"/>
1	Roll Paper Towels	Advisory Class	<input type="checkbox"/>
2	Boxes of Kleenex (anti-viral if possible)	Advisory Class	<input type="checkbox"/>
1	Dry Erase Marker 4pk, Chisel Tip, Low Odor	Advisory Class	<input type="checkbox"/>
2	Reams of white copy paper; 8 ½ x 11	Advisory Class	<input type="checkbox"/>
2	Permanent Marks-a-lot markers		<input type="checkbox"/>
2	Black sharpies	Art	<input type="checkbox"/>
2	Large glue sticks	Art	<input type="checkbox"/>
1	Headphones with wire (to be left at school)	Student	<input type="checkbox"/>
1	Accordion style organizer with at least 7 pockets (one for each subject)	Student	<input type="checkbox"/>
1	1 Pink Pearl eraser	Art	<input type="checkbox"/>
1	Course 1 Math & Pre-Algebra – non-graphing calculator	Math	<input type="checkbox"/>
3	Notebooks, 70 pg. college rule, Spiral (1 for Math; 1 for Science; 1 for Religion)	Math / Science / Religion	<input type="checkbox"/>
1	Composition Notebooks – college ruled	ELA	<input type="checkbox"/>
6	Dividers for 3-ring binder	Student	<input type="checkbox"/>
1	1" or 1 ½" 3-ring binder	ELA	<input type="checkbox"/>
1	Protractor, 6" Clear	Math	<input type="checkbox"/>
2	Red Pens, Ballpoint stick	Math	<input type="checkbox"/>
1	Ruler; 12" Standard and Metric, plastic	Math	<input type="checkbox"/>
1	Black 1" 3 ring binder	Music	<input type="checkbox"/>
1	Gym uniform available through spirit wear (optional)	Phy Ed	<input type="checkbox"/>
1	Bible at home for religion homework & personal prayer. Paperback is fine. Possible versions; New American Revised, the New Revised Standard or Today's English version	Religion	<input type="checkbox"/>
72	#2 Pencils; Sharpened (3 boxes of 24)	Student	<input type="checkbox"/>
1	Ream of College ruled lined paper	Math	<input type="checkbox"/>



# ST. THERESE SCHOOL

## GRADE 7 SUPPLY LIST

### 2023 – 2024

QTY	ITEM NAME	CLASS	BOUGHT
1	Large container of disinfecting wipes	Advisory	<input type="checkbox"/>
1	Roll Paper Towels	Advisory	<input type="checkbox"/>
2	Boxes of Kleenex (anti-viral if possible)	Advisory	<input type="checkbox"/>
1	Dry Erase Marker 4pk, Chisel Tip, Low Odor	Advisory	<input type="checkbox"/>
2	Reams of white copy paper; 8 ½ x 11	Advisory	<input type="checkbox"/>
2	Permanent Marks-a-lot black markers)	Art	<input type="checkbox"/>
2	Black sharpies	Art	<input type="checkbox"/>
2	Large glue sticks	Art	<input type="checkbox"/>
1	Pink Pearl Eraser	Art	<input type="checkbox"/>
1	Headphones with wire	Student	<input type="checkbox"/>
1	Paper, Graph, ¼", Pad, 8.5x11, 50ct	Geometry	<input type="checkbox"/>
1	Protractor, 4" Clear	Pre-Algebra	<input type="checkbox"/>
1	Ruler; 12" Standard and Metric, plastic	Pre-Algebra / Algebra	<input type="checkbox"/>
1	½ " 3 Ring Binder	H & G	<input type="checkbox"/>
3	Notebooks, 70 pg. college rule, Spiral (1 for Math; 1 for ELA; 1 for Religion)	Math / ELA / Religion	<input type="checkbox"/>
1	Composition Notebook – college ruled	ELA	<input type="checkbox"/>
1	1" or 1 ½" 3-ring binder	ELA	<input type="checkbox"/>
6	Dividers for 3-ring binder	Student	<input type="checkbox"/>
1	Accordion style organizer with at least 7 pockets (one for each subject)	ELA / Spanish / Religion	<input type="checkbox"/>
2	Red Pens, Ballpoint stick	Math	<input type="checkbox"/>
1	Ream of College Ruled Lined Paper	Math	<input type="checkbox"/>
1	1" Black 3 ring binder	Music	<input type="checkbox"/>
2	Spiral Notebook, 70pg., college ruled	Religion	<input type="checkbox"/>
1	BIBLE – for homework & personal prayer. Paperback is fine. Possible versions; New American Revised, the New Revised Standard	Religion	<input type="checkbox"/>
1	Gym uniform available through spirit wear (optional)	Phy Ed	<input type="checkbox"/>
72	#2 Pencils; Sharpened (3 boxes of 24)	Student	<input type="checkbox"/>



**ST. THERESE SCHOOL**  
**GRADE 8 SUPPLY LIST**  
**2023 - 2024**

QTY	ITEM NAME	CLASS	BOUGHT
1	Large container of disinfecting wipes	Advisory	<input type="checkbox"/>
1	Roll Paper Towels	Advisory	<input type="checkbox"/>
2	Boxes of Kleenex (anti-viral if possible)	Advisory	<input type="checkbox"/>
1	Dry Erase Marker 4pk, Chisel Tip, Low Odor	Advisory	<input type="checkbox"/>
2	Reams of white copy paper; 8 ½ x 11	Advisory	<input type="checkbox"/>
2	Permanent Marks-a-lot black markers	Art	<input type="checkbox"/>
2	Black sharpies	Art	<input type="checkbox"/>
2	Large glue sticks	Art	<input type="checkbox"/>
1	Pink Pearl eraser	Art	<input type="checkbox"/>
1	Ball Bearing Compass	Geometry	<input type="checkbox"/>
1	Paper, Graph, ¼", Pad, 8.5x11, 50ct	Geometry	<input type="checkbox"/>
1	Protractor, 4" Clear	Geometry	<input type="checkbox"/>
1	Ruler; 12" Standard and Metric, plastic	Geometry	<input type="checkbox"/>
1	Headphones with wire		<input type="checkbox"/>
3	Notebooks, 70 pg. college rule, Spiral (1 for Math; 1 for Science; 1 for Religion)	Math / ELA / Religion	<input type="checkbox"/>
2	Composition Notebooks (1 for ELA; 1 for H & G;) – college ruled	ELA / H & G	<input type="checkbox"/>
1	1" or 1 ½" 3-ring binder	ELA	<input type="checkbox"/>
6	Dividers for 3-ring binder	Student	<input type="checkbox"/>
1	Accordion style organizer with at least 7 pockets (1 per subject)		<input type="checkbox"/>
1	Ream of College Ruled Lined Paper	Math	<input type="checkbox"/>
2	Red Pens, Ballpoint stick	Math	<input type="checkbox"/>
1	1" Black 3 ring binder	Music	<input type="checkbox"/>
1	Spiral Notebook, 70pg., college ruled	Religion	<input type="checkbox"/>
1	BIBLE - for religion homework & personal prayer. Paperback is fine. Possible versions; New American Revised, the New Revised Standard or Today's English version	Religion	<input type="checkbox"/>
1	Gym uniform available through spirit wear (optional)	Phy. Ed	<input type="checkbox"/>
72	#2 Pencils; Sharpened (3 boxes of 24)	Student	<input type="checkbox"/>



## ST. THERESE SCHOOL STUDENT RECORDS REQUEST

Date \_\_\_\_\_

Please send us the official school records for the following student. She/he has enrolled in St. Therese Catholic School for Grade \_\_\_\_\_ for the 2023-2024 school year.

### **Student's Information**

Name: \_\_\_\_\_

Student's Address: \_\_\_\_\_ City/state: \_\_\_\_\_ Zip: \_\_\_\_\_

Student's Home Phone: \_\_\_\_\_

### **School Information**

Name of Previous School: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Please include:

- Transcripts (student records)
- Grades for current or most recent school year
- Standardized test results
- Health records
- Student state identification number, if previously attended in MN
- Psychological services report if any
- Special education information if any
- Social worker involvement if any
- Limited English Proficiency help if any
- Any other information which may be helpful in admission or placement of this student

Please send the above indicated information to:

St. Therese School  
18325 Minnetonka Blvd.  
Deephaven, MN 55391  
Phone: 952-473-4355  
Fax: 952-261-0630  
vlincoln@st-therese.org

Thank you for your assistance.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Staff Signature



# St. Therese Catholic School Culture Framework

## Root Beliefs

All are welcome.

God is in all things.

We are always learning.

We do Christ's work.

Little things make big things happen.

## St. Therese of Deeplaven

*St. Therese Parish and School is a powerful Catholic witness, committed to vibrant growth by living out Jesus Christ's call to "Go and make disciples" (Matt. 28:19) through our sacramental life, prayer, catechesis, fellowship, evangelization, and financial stewardship*

## St. Therese Catholic School

*St. Therese School is a preschool through eighth grade Catholic parish school that welcomes all and acknowledges the worth and dignity of each student.*

*We believe in nurturing spiritual growth and offering excellence in education, so that each child's unique potential is realized.*

## Philosophy and Goals

Draw students to God through examples of Christian love and acceptance.

Equip children to become responsible, competent, and loving people.

Build a passion for knowledge and lifelong learning.

Provide a solid foundation of the history and teachings of the Catholic faith.

Commit to ongoing evaluation of learning in order to foster academic excellence.

Support families and parents in their role as the primary educators of their children.

Encourage relationships across generations.

## Monthly Virtues

September	Faith
October	Reverence
November	Stewardship
December	Generosity
January	Gratitude
February	Honesty
March	Mercy
April	Justice
May	Zeal



## NEW FAMILY REGISTRATION 2023-2024 SCHOOL YEAR

### FORMS NECESSARY FOR NEW FAMILIES TO COMPLETE REGISTRATION

Welcome to St. Therese School!

There are a few things necessary to complete your child's registration that are not done on TADS. Those items are listed below. Please return the forms to Vicky Lincoln in the school office.

- \_\_\_\_\_ Emergency Contact information – 1 per family
- \_\_\_\_\_ Completed and signed Student Records Request (**this form is for 1<sup>st</sup> – 8<sup>th</sup> grades only**)
- \_\_\_\_\_ Copy of Birth Certificate
- \_\_\_\_\_ Copy of Baptismal Certificate
- \_\_\_\_\_ Immunization Record

Please contact the school office if you have any questions at 952-473-4355.

Thank you!



# Minnetonka Public Schools / St. Therese School

## Annual Verification of Census and Emergency Contact Information

Please read the information contained in this form carefully. Verification of this data is required to keep student information up to date and accurate. Make corrections, deletions and/or additions where necessary. Any changes that occur after this form is returned may be forwarded to the school office.

☐

### Student Information

Name	Grade	Gender	Birthdate	Race/Ethnicity
Address				Home Phone
Address listed above is student's				
<input type="checkbox"/> Primary residence <input type="checkbox"/> Secondary residence <input type="checkbox"/> Other with _____				

### Parent/Guardian Information

Relationship / Guardian 1	Work Phone	Cell Phone	Pager	E-mail Address
Relationship / Guardian 2	Work Phone	Cell Phone	Pager	E-mail Address
Relationship / Relationship	Work Phone	Cell Phone	Pager	E-mail Address

### Other Household Members

Name	Relationship	Gender	Birthdate	Grade
Name	Relationship	Gender	Birthdate	Grade
Name	Relationship	Gender	Birthdate	Grade

**Emergency Contacts** (Persons authorized to care for sick student and act in an emergency when parents cannot be reached.)

Name	Relationship	Home Phone	Work Phone	Cell Phone	Pager
Name	Relationship	Home Phone	Work Phone	Cell Phone	Pager
Name	Relationship	Home Phone	Work Phone	Cell Phone	Pager

If the parent/guardian cannot be reached, emergency numbers will be called in the event of sudden illness or minor accidents in school. In a serious medical emergency life-saving measures will be instituted immediately. If the child's condition permits, the physician will be called for instructions. If immediate medical attention is indicated, the community rescue team or an ambulance will be called for emergency care and transported to an emergency hospital room if needed. Such procedures will be reserved for extreme emergency situations and every attempt to notify the parent/guardian as soon as possible will be made.

Complete the Annual Verification of Health Information on the reverse side



## FORM SHOULD BE RETURNED BY FIRST DAY OF SCHOOL

## Annual Verification of Health Information

Student Information				
<b>Name</b>	<b>Grade</b>	<b>Gender</b>	<b>Birthdate</b>	<b>Race/Ethnicity</b>
<b>Medications</b>				
(Refer to St. Therese School Parent/Student Handbook for Health Regulations and Procedures)				
Medications given at home				
Medications given at school				
<b>Health Issues and Conditions</b>				
Acute or Chronic illness, injuries or operations this past year (list dates)				
New Health Issues				
Glasses/Contacts			Hearing/Ear Concern	
Activity Restrictions				
Asthma/allergies that require management during the school day				
Asthma: Yes / No		Explain _____		
My student is carrying his/her own inhaler (Physician's note required)				
Allergies: Yes / No		Explain _____		
Last Physical (mo/day/yr) _____ Immunizations during the past year. (mo/day/yr) and type _____				
<b>Physician and Clinic Information</b>				
Physician		Clinic		
		Clinic Phone		
Hospital Preference				
<b>Other Information</b>				
Are there custody issues? Yes / No if yes, explain:				
Additional information that might be helpful in understanding your student (such as death, divorce, learning problems, etc)				
<b>For Your Information</b>				
Hearing, vision and scoliosis screening are provided for students according to state guidelines.				
The School District is requesting the above information in connection with your child's enrollment in the School District and State law which requires that the School District keep health records of each school-age child. The data you supply will be used by the School District for the purposes of contacting you or those you have authorized in case of emergency and to address health and safety issues pertaining to your child.				
You are not legally required to supply this information and may refuse to provide it. If you do not provide the requested information, in whole or in part, the School District may not be able to contact you in a timely manner if an emergency should arise or may not be able to fully address health and safety concerns pertaining to your child. If you provide the data, the School District will be able to contact you and will have more complete information to address health and safety concerns of your child at school.				
The data you provide is classified by the School District as private educational data. This data may be shared with nursing staff, administration and other staff members who have a legitimate educational interest in the information. While most of the data you provide is classified as private data, some data (i.e., student name, address, etc.) is classified as directory information, which may be shared with the public under the conditions set forth in the School District's Student Records Policy. Any private data you provide may be shared with other persons or entities only where proper consent is provided, or as otherwise required or permitted by State or federal law.				
If you have any questions regarding the completion of this form, please contact the school health office.				
<b>Parent/Guardian Signature</b>			<b>Date</b>	





## ST. THERESE SCHOOL STUDENT RECORDS REQUEST

Date \_\_\_\_\_

Please send us the official school records for the following student. She/he has enrolled in St. Therese Catholic School for Grade \_\_\_\_\_ for the 2023-2024 school year.

### **Student's Information**

Name: \_\_\_\_\_

Student's Address: \_\_\_\_\_ City/state: \_\_\_\_\_ Zip: \_\_\_\_\_

Student's Home Phone: \_\_\_\_\_

### **School Information**

Name of Previous School: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Please include:

- Transcripts (student records)
- Grades for current or most recent school year
- Standardized test results
- Health records
- Student state identification number, if previously attended in MN
- Psychological services report if any
- Special education information if any
- Social worker involvement if any
- Limited English Proficiency help if any
- Any other information which may be helpful in admission or placement of this student

Please send the above indicated information to:

St. Therese School  
18325 Minnetonka Blvd.  
Deephaven, MN 55391  
Phone: 952-473-4355  
Fax: 952-261-0630  
vlincoln@st-therese.org

Thank you for your assistance.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Staff Signature

Enter the dates for each vaccine your child has received to date. Specify the month, day, and year of each dose such as 01/01/2010.

# Immunization Form

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

## Immunizations required for child care, early childhood programs, and school.

Vaccine	Birth to 6 months	12 -24 months	At Kindergarten	At 7th grade	At 12th grade
Hepatitis B	<input type="text"/>	<input type="text"/>			
Diphtheria, Tetanus, Pertussis (DTaP, DT, Td)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>Haemophilus influenzae</i> type b (Hib)	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Pneumococcal (PCV)	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Polio	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Measles, Mumps, Rubella (MMR)		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Chickenpox (varicella)		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Hepatitis A		<input type="text"/>	<input type="text"/>		
Tetanus, Diphtheria, Pertussis (Tdap)				<input type="text"/>	
Meningococcal (MCV4)				<input type="text"/>	<input type="text"/>

Minnesota law requires children enrolled in child care, early childhood education, or school to be immunized against certain diseases, unless the child is medically or non-medically exempt.

### Instructions for parent or guardian:

- Fill out the dates in chronological order even if your child received a vaccine outside of the age/grade category that the box is in. Depending on the age of your child, they may not have received all vaccines; some boxes will be blank.
  - If you have a copy of your child's immunization history, you can attach a copy of it instead of completing the front of this form.
  - Your doctor or clinic can provide a copy of your child's immunization history. If you are missing or need information about your child's immunization history, talk to your doctor or call the Minnesota Immunization Information Connection (MIIC) at 651-201-3980 or 800-657-3970.
- Sign or get the signatures needed for the back of this form.
  - Document medical and/or non-medical exemptions in section 1.
  - Verify history of chickenpox (varicella) disease in section 2.
  - Provide consent to share immunization information (optional) in section 3.

**Instructions:** Complete section 1 to document a medical or non-medical exemption, section 2 to verify history of varicella disease, and section 3 to consent to share immunization information.

Name \_\_\_\_\_

**1. Document a medical and/or non-medical exemption (A and/or B).**

Place an X in the box to indicate a medical or non-medical exemption. If there are exemptions to more than one vaccine, mark each vaccine with an X.

Vaccine	Medical Exemption	Non-Medical Exemption
Diphtheria, Tetanus, and Pertussis		
Polio		
Measles, Mumps, Rubella		
<i>Haemophilus influenzae</i> type b		
Chickenpox (varicella)		
Pneumococcal		
Hepatitis A		
Hepatitis B		
Meningococcal		

**A. Medical exemption:** By my signature below, I confirm that this child should not receive the vaccines marked with an X in the table for medical reasons (contraindications) or because there is laboratory confirmation that they are already immune.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(of health care practitioner\*)

**2. History of chickenpox (varicella) disease.** This child had chickenpox in the month and year \_\_\_\_\_

My signature below means that I confirm that this child does not need chickenpox vaccine because:

- ☐ I am a health care practitioner and this child was previously diagnosed with chickenpox or the parent provided a description that indicates this child had chickenpox in the past.
- ☐ I am the parent or guardian and this child had chickenpox on or before September 1, 2010.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(of health care practitioner\*, representative of a public clinic, or parent/guardian). Parent can sign if chickenpox occurred before September 2010.

\*Health care practitioner is defined as a licensed physician, nurse practitioner, or physician assistant.

**B. Non-medical exemption:** A child is not required to have an immunization that is against their parent or guardian’s beliefs. However, choosing not to vaccinate may put the health or life of your child or others they come in contact with at risk. Unvaccinated children who are exposed to a vaccine-preventable disease may be required to stay home from child care, school, and other activities in order to protect them and others.

By my signature, I confirm that this child will not receive the vaccines marked with an X in the table because of my beliefs. I am aware that my child may be required to stay home from child care, school, and other activities if exposed.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(of parent or guardian in presence of notary)

**Non-medical exemptions must also be signed and stamped by a notary:**

This document was acknowledged before me  
on \_\_\_\_\_ (date)

by \_\_\_\_\_  
(name of parent or guardian)

Notary Signature: \_\_\_\_\_

Notary Stamp  
  
STATE OF MINNESOTA, COUNTY OF \_\_\_\_\_

**3. Consent to share immunization information:** This school is asking for permission to share your child’s immunization record with Minnesota’s immunization information system. Giving your permission will:

- Provide easier access for you and your school to check immunization records, such as at school entry each year.
- Support your school in helping to protect students by knowing who may be vulnerable to disease based on their immunization record. This can be important during a disease outbreak.

Under Minnesota law, all the information you provide is private and can only be released to those authorized to receive it. Signing this section of the form is optional. If you choose not to sign, it will not affect the health or educational services your child receives.

I agree to allow my child’s school to share my child’s immunization documentation with Minnesota’s immunization information system:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(of parent/guardian)