



Office Use Only	
Date Received:	_____
Check #:	_____ Amt: _____
Cash:	_____ Init: _____

Crucifixion School
 420 South Second Street
 La Crescent, MN 55947
 www.crucifixionschool.org
 Phone: (507) 895-4402

2026-27 Family Member Registration Form

***** **Legal Guardian #1 (Primary Contact)** *****

First Name: _____ Last Name: _____
 Address: _____ City/St/Zip: _____
 Cell Phone: _____ Home Phone: _____
 Work Phone: _____ Company: _____
 Email: _____
 Relationship to Child: _____
 Skills _____

***** **Legal Guardian #2** *****

First Name: _____ Last Name: _____
 Cell Phone: _____ Relationship to Child: _____
 Work Phone: _____ Company: _____
 Email: _____
 Skills _____

(only enter if different than Legal Guardian #1)

Address: _____ City/St/Zip: _____
 Home Phone: _____

***** **Emergency Contact Person** *****

Name: _____
 Address: _____ City/St/Zip: _____
 Cell Phone: _____ Work: _____ Home: _____
 Relationship to Child: _____

***** **Medical Information** *****

Physician: _____	Dentist: _____
Address1: _____	Address1: _____
Address2: _____	Address2: _____
Phone: _____	Phone: _____
Clinic: _____	Clinic: _____



Crucifixion School
420 South Second Street
La Crescent, MN 55947
www.crucifixionschool.org
Phone: (507) 895-4402

Children Registration Form

First Name: _____ Last Name: _____
 Date of Birth: _____ Gender: **M F** Entering Grade: _____
 Religion: _____
 Allergies: _____
 Comments: _____

First Name: _____ Last Name: _____
 Date of Birth: _____ Gender: **M F** Entering Grade: _____
 Religion: _____
 Allergies: _____
 Comments: _____

First Name: _____ Last Name: _____
 Date of Birth: _____ Gender: **M F** Entering Grade: _____
 Religion: _____
 Allergies: _____
 Comments: _____

First Name: _____ Last Name: _____
 Date of Birth: _____ Gender: **M F** Entering Grade: _____
 Religion: _____
 Allergies: _____
 Comments: _____

Authorized Person to Pick Up Children

Name/Phone: _____
 Name/Phone: _____
 Name/Phone: _____



Crucifixion School
420 South Second Street
La Crescent, MN 55947
www.crucifixionschool.org
Phone: (507) 895-4402

Family Permissions Form

Family Name: _____

Parent Agreement: We agree to comply with all the rules and regulations as set forth by Crucifixion Catholic School. In addition, we agree to cooperate and assist the administration, faculty and staff in promoting the integrity of high spiritual, moral and academic standards set forth by Crucifixion Catholic School. We acknowledge that Crucifixion Catholic School reserves the right to cancel this application at any time for reasons of academic, moral and character deficiency as well as any actions detrimental to the Diocese of Winona and Crucifixion Catholic School.

Yes No

Emergency Consent: Crucifixion staff has permission to act in an emergency or when a parent can't be reached or is delayed.

Yes No

Use of Pictures Consent: We would like your permission to use your child's picture in year-end mementos and promotional items such as CDROM slideshows, brochures or our school website. We give permission for the use of photographs with my child's photo to be used in promotional brochures and school advertising.

Yes No

Standard/Full Civil Rights Statement: In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination please go to www.crucifixionschool.org, click on the Hot Lunch tab and page down to the appropriate area.

Please view other side



Crucifixion School
420 South Second Street
La Crescent, MN 55947
www.crucifixionschool.org
Phone: (507) 895-4402

Emergency Early Dismissal Plan: In the event of **unexpected** school closings (ex: weather change during the day or any other unexpected emergency), we need to know your child's emergency plans for early dismissal. **There will not be time for teachers to call parents and students will not be allowed to use the phone system**, so please be specific about where your child should go and how he/she is to get there.

Eagle Care will remain open for one hour after dismissal of school

In the event of early school closing, our children will go home by one of the following (pick one).....

Your previous selection was.....

Bus Walk Eagle Care Picked up by authorized person on previous form

Please take a few minutes to discuss this plan with your child.

Parent Contact List (circle one): Yes No

Please include our name, address, email, and cell phone in the Crucifixion Parent Contact List (please contact the school office if you want to exclude any of this information). This report will be distributed to parents and allows parents to easily communicate for playdates, birthdays, etc.

Registration Understanding: We, the undersigned, upon acceptance of this application on the part of Crucifixion Catholic School, agree to comply with all the rules and regulations as set forth by Crucifixion Catholic School. In addition, we agree to cooperate and assist the administration, faculty and staff in promoting the integrity and high spiritual, moral and academic standards set forth by Crucifixion Catholic School. We acknowledge that Crucifixion Catholic School reserves the right to cancel this application at any time for reasons of academic, moral and character deficiency as well as any actions detrimental to the Diocese of Winona, and the faculty, administration, staff, facilities, and name of Crucifixion Catholic School.

Your registration is not complete until this section is signed, dated, and returned. Thank you

We have included the \$50 non-refundable application fee (per family). This amount will be applied to your tuition if paid before the deadline. Exception...new families will be credited regardless.

Parent Signature

Date

Please contact us to discuss tuition relief.



CRUCIFIXION SCHOOL INTERNET USE POLICY

PHILOSOPHY

We believe that to prepare our students more effectively for the future we must educate them in the use of the computer, computer terminology, and the associated hardware and software. Students must be confident in their ability to incorporate computer skills in all aspects of their education. We will strive to clearly communicate to the students the importance of the computer and how it affects our modern life. We will reinforce the ideas of the “computer age” while nurturing our students’ Christian upbringing and overall value system.

INTERNET ACCEPTABLE USE AND SAFETY POLICY

The purpose of this policy is to establish acceptable and safe use of the Internet, including electronic communications. All computers and technology equipment shall be used in a manner that is consistent with the mission and goals of Crucifixion Elementary School and the Diocese of Winona. It also refers to personal or guest technology used on campus, at school or church sponsored events, or on field trips associated with the school. All students, staff, parents, and guest users shall abide by the procedures established by the implementation of this policy. Inappropriate use or intentional misuse of computers or technology equipment may result in disciplinary or law enforcement action.

USE OF SYSTEM

The use of the school system and access to use of the Internet is a privilege, not a right. Any violation of this policy is also considered a violation of the general school discipline code as stated in the Student-Parent Handbook or Faculty-Staff Handbook and is subject to the same disciplinary actions. The privileges of using the computer network, Internet access, or other means of technology can be suspended or revoked at any time.

TECHNOLOGY RULES

1. Students may use the computer and especially the Internet only when a teacher gives permission and in a way that meets educational and Christian goals.
2. Students’ and staff members’ use of computers, the Internet, and other technology devices is for school related activities only. School related activities of students are considered to be assignments or projects given and monitored by teachers.
3. Students and staff should be aware that any computer files, email, and Internet use on school computers or devices are NOT private. The school administration can access these files for maintenance or monitoring at any time. In addition, parents have the right, at any time, to review the content of their child’s email or Internet history. Parents may terminate their child’s access to the Internet at any time.
4. Students and staff are to access only their own accounts and no one else’s. Passwords are to not to be shared with others.



Crucifixion School
420 South Second Street
La Crescent, MN 55947
www.crucifixionschool.org
Phone: (507) 895-4402

5. Use of any type of social networking/social media websites (such as, but not limited to Facebook, MySpace, Twitter, etc.) is prohibited on network computers and guest computers using Crucifixion’s Internet.
6. Users are to treat all equipment with respect. If there are problems, do not attempt repairs on your own. Contact building administrators.
7. Users may not write, send, download, or display anything considered obscene, threatening, or harassing, or harmful (messages or images). School equipment may not be used to make purchases or offer items for sale unless approved by administration. The school is not responsible for financial obligations resulting from unauthorized use of the Internet.
8. Students and staff are not to share personal information about themselves, friends, families, the school, or any other individual over the Internet. The exception to this is when used in pre-approved ways by staff members in communication with each other or parents and official posts to the school website.
9. Students using the Internet for research are to cite all sources using the bibliography or reference style adopted and taught by the teacher.
10. Parents are partners in keeping our students and our school Internet safe. Students and parents shall read this policy annually along with the Student-Parent Handbook before student use of the Internet at school is allowed. Parents may deny their child’s Internet access if they wish, and an alternative means of completing assignments will be provided. Parents agree to give the same guidance to Internet use at home as it pertains to school activities as well as their children’s use of personal electronic devices if brought to school for use. (Please see USE OF PERSONAL DEVICES section for more detail)
11. Staff shall sign and return a copy of this policy annually with their Staff Handbook. Teachers using Internet in their instruction shall recognize their responsibilities to educate minors on appropriate usage and online behavior. Teachers agree to monitor all Internet usage by students under their supervision.

Parent Signature: _____

Parent Signature: _____

Children Signatures: _____

Date: _____



Crucifixion School
420 South Second Street
La Crescent, MN 55947
www.crucifixionschool.org
Phone: (507) 895-4402

2026-27 Field Trip Participation Parent Permission Form

Your children are eligible to participate in our Parish/School-sponsored activities. Some require transportation or walking to a location away from the premises. Please fill out this form to allow your children to participate in these field trips. This permission slip is to be filled out only once and shall remain in effect until the end of the school year. You will be notified of any field trips requiring transportation at least 2 days prior to the event.

In consideration of the opportunity for your child to participate and fully recognizing that such an undertaking involves an element of risk, you assume all risks and hazards incidental to such participation and do hereby release, absolve, indemnify and agree to hold harmless the Diocese of Winona, Minnesota and Crucifixion Church and School of La Crescent, its agents, employees and officers and the chaperones, leaders, organizers and sponsors and persons transporting our child to and/or from these activities.

I hereby consent to participation by my child/children to attend field trips. I further consent to the conditions stated above on participation in this event, including the method of transportation.

In the event of an emergency and I cannot be contacted, I hereby authorize that emergency treatment may be administered.

The following are special circumstances regarding my child you should be aware of:

Children Names: _____

Parent/Guardian Signature: _____

Parent/Guardian Printed Name: _____

Date: _____



Crucifixion School
420 South Second Street
La Crescent, MN 55947
www.crucifixionschool.org
Phone: (507) 895-4402

USE OF PERSONAL ELECTRONIC DEVICES

Personal Electronic Devices include, but are not limited to: cell phones, iPods, tablets, mp3 players, electronic games, smart phones, etc. Use of these personal devices at school is a privilege, not a right.

Students are permitted to possess personal electronic devices on school property so long as the devices are not activated, used, displayed, or visible during the school day. From morning bell until dismissal bell, personal electronic devices must be powered off and stored out of sight in a locker or backpack.

Teachers and staff may have personal electronic devices at school for their personal use as deemed appropriate by school administration. It is expected to place notifications on silent so as not to disturb the educational process during the school day.

PROHIBITED USES

Personal electronic devices are not permitted to be brought to Mass by students. Staff may bring electronic devices to church if necessary, but the devices must be set to silent or powered off.

Students and staff may not use personal electronic devices at school or school related events to view Internet sites that would otherwise be denied at school. Students and staff may not use personal electronic devices anywhere in the building where others would expect privacy, such as locker rooms, restrooms, and other areas where people have a reasonable expectation of privacy. School administration may designate other places where use is prohibited.

Students/staff are prohibited from using personal electronic devices to capture, record, store, send, or transmit the spoken word or visual images (e.g. audio, video, text, photos, etc.) of any person, including other students or staff, without prior permission from administration and/or parental permission.

DISCIPLINE OR CONSEQUENCES

Students causing disruption by use of personal electronic devices, or using the device in a prohibited manner, will have their device taken away by the supervising teacher or staff until the end of that school day or after-school activity. If the student continues to use their device inappropriately, parents will be contacted to retrieve the device. Continuing problems may result in that student being prohibited from bringing his/her device back to school.

A student's personal electronic device, when brought to school, may be searched when a school official has reasonable grounds for suspecting that the search will provide evidence that the student is using the device for cheating on an academic activity, has violated a law, has broken Crucifixion School Policies, is bullying/harassing another person, or any other situation which could result in severe disciplinary actions.

LIABILITY

A student or staff member is personally and solely responsible for the security of their own electronic device. The school and its employees are not responsible for the theft, loss, or damage of said device.

Parent Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____

Children Names: _____



Crucifixion School
420 South Second Street
La Crescent, MN 55947
www.crucifixionschool.org
Phone: (507) 895-4402

Enrollment Agreement

Crucifixion Catholic School works in partnership with parents in support of educating our students. Parental support is necessary for success of these efforts by: helping students build healthy priorities with schoolwork, staying informed about events and activities, ensuring prompt and consistent student attendance, communicating proactively and respectfully with administrative staff and teachers, attending conferences, and supporting the mission, policies, and expectations of the school.

In signing this Enrollment Agreement, parents and students consent to be governed by the policies and rules set forth in this Agreement and the Parent Student Handbook.

Crucifixion Catholic School applies the Catholic principle of *subsidiarity* in addressing and working toward resolution of questions and concerns with the school community. In this, such matters are to be addressed first with the person's most directly involved, to empower them to build respect for one another, and dialogue toward understanding and resolution.

Parental cooperation is essential for the success of this partnership. Just as a parent has the right to withdraw a child if desired, Crucifixion Catholic School reserves the right to require withdrawal of a student if the administration determines the partnership with the family is irretrievable broken.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Printed Name: _____ Date: _____

Children Names: _____



Crucifixion School
420 South Second Street
La Crescent, MN 55947
www.crucifixionschool.org
Phone: (507) 895-4402

REQUEST FORM FOR **TEXTBOOKS**, STANDARDIZED TESTS, AND
INDIVIDUAL INSTRUCTIONAL MATERIALS

School Year Ending June 2027

The State of Minnesota has authorized local public school districts to loan textbooks, standardized tests, and individualized instructional materials to pupils attending a nonpublic school, (includes home schools), established and operating within the school district boundaries. These materials must be secular in nature, designed primarily for individual use by the pupil in a particular class or program in the school the pupil regularly attends, and must be requested by, or on behalf of, the pupil **no later than SEPTEMBER 15, 2026**.

Please indicate, by placing an "X" in the appropriate box below, whether or not you request these items this school year.

Pupil's Name: _____ Grade Level: _____

Name of School: Crucifixion Catholic School

I do request that textbooks, standardized tests, and individualized instructional materials be provided on loan to the above pupil this school year.

I do not wish to request the loan of any materials this school year.

Verification of Use: I hereby verify that the textbooks and individualized instructional material requested are to be used by the pupil named above in a course of instruction in that pupil's elementary or secondary school.

Signature of Pupil, Parent, or Guardian

Date



Crucifixion School
420 South Second Street
La Crescent, MN 55947
www.crucifixionschool.org
Phone: (507) 895-4402

REQUEST FORM FOR DISTRICT PUPIL **HEALTH SERVICES**

School Year Ending June 2027

The State of Minnesota has authorized local public school districts to allow pupils attending a nonpublic school, (includes home schools), established and operating within the school district boundaries, access to the existing district Pupil Health Services program. These services must be requested by, or on behalf of, the pupil **no later than SEPTEMBER 15, 2026**.

Please indicate, by placing an "X" in the appropriate box below, whether or not you request these items this school year.

Pupil's Name: _____ Grade Level: _____

Name of School: Crucifixion Catholic School

I do request that the district's Pupil Health Services program be made available to the above pupil this school year.

I do not wish to request Pupil Health Services this school year.

Signature of Pupil, Parent, or Guardian

Date



Crucifixion School
420 South Second Street
La Crescent, MN 55947
www.crucifixionschool.org
Phone: (507) 895-4402

REQUEST FORM FOR DISTRICT SECONDARY (5th-6th Graders ONLY)
GUIDANCE/COUNSELING SERVICES

School Year Ending June 2027

The State of Minnesota has authorized local public school districts to allow pupils attending a nonpublic school, (includes home schools), established and operating within the school district boundaries, access to the existing district Secondary Pupil Guidance and Counseling Services program. These services must be requested by, or on behalf of, the pupil **no later than SEPTEMBER 15, 2026**.

Please indicate, by placing an "X" in the appropriate box below, whether or not you request these items this school year.

Pupil's Name: _____ Grade Level: _____

Name of School: Crucifixion Catholic School

I do request that the district's Secondary Pupil Guidance and Counseling Services program be made available to the above pupil this school year.

I do not wish to request Secondary Pupil Guidance and Counseling Services this school year.

Signature of Pupil, Parent, or Guardian

Date



Registration Check List

The following forms need to be completed to be qualified as a completed registration packet.

- _____ Family Member Registration Form
- _____ Children Registration Form
- _____ Family Permissions Form
- _____ Internet Policy Form
- _____ Field Trip Permission Form
- _____ Use of Personal Electronic Devices Form
- _____ Enrollment Agreement
- _____ Textbook, Health Services, Guidance Counseling Services Forms
- _____ ACH Form (optional)

Please include the following checks with your registration packet.

- _____ \$50.00 non-refundable check that will be applied to your tuition
- _____ \$35.00 non-refundable new family registration fee (applies only to families that don't have any children currently attending pre-school – 6th grade at Crucifixion School)

Please give completed forms and payments to the school office to be qualified as a completed registration packet.



Crucifixion School
 420 South Second Street
 La Crescent, MN 55947
 www.crucifixionschool.org
 Phone: (507) 895-4402

2026-27 Authorization Agreement for Direct Payments (ACH Debits)

We hereby authorize Crucifixion Elementary School to initiate debit entries to my (circle one).....

Checking Account (attach voided check)

Savings Account (attach deposit slip)

as indicated below, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Tuition

Amount: \$ _____ 10 monthly installments starting September 1 and ending on June 1.
 4 installments on Sept 1, Dec 1, Mar 1, June 1
 1 annual installment on September 1

Extracurricular Activities

I give authorization for Crucifixion School to withdraw extracurricular fees on an as needed basis with prior notification. Yes No

Field Trip, Supply Fee, Technology Fee

I give authorization for Crucifixion School to withdraw these costs on Sept 1 and on an as needed basis with prior notification. Yes No

Depository Name: _____ Start Date: _____

Routing Number (9 Digits): _____ Account Number: _____

This authorization is to remain in full force and effect until Crucifixion Elementary School has received written notification within 2 weeks of its termination as to afford Crucifixion Elementary School and Depository Financial Institution a reasonable opportunity to act upon it.

Signature

Printed Name

Date

Email Address to Receive Notifications

Office use only
ACH Termination Date: _____
Initials: _____