

MOUNT MICHAEL BENEDICTINE SCHOOL FAMILY PROFILE 2025-2026

*Fields with an asterisk are required

Student 1 Information

*Name (First, Middle, Last): _____ *Race: _____
*Birth Date (mm/dd/yyyy): _____ Student Cell # (if applicable): _____
*Previous School Attended: _____ *City and State: _____
*Public School District: _____

Student 2 Information (if applicable)

Name (First, Middle, Last): _____ Race: _____
Birth Date (mm/dd/yyyy): _____ Student Cell # (if applicable): _____
Previous School Attended: _____ City and State: _____
Public School District: _____

Custodial Family (Primary Residence of Student)

*Street Address: _____
*City/State/Zip: _____
*Home Phone Number: _____

*Parent/Guardian 1: _____ *Relation: _____
*Email Address: _____ *Cell #: _____
Employer: _____ Employer Phone #: _____
Matching Gift Company? (check one) Yes ☐ No ☐

Parent/Guardian 2: _____ Relation: _____
Email Address: _____ Cell #: _____
Employer: _____ Employer Phone #: _____
Matching Gift Company? (check one) Yes ☐ No ☐

Non-Custodial Family (if applicable)

Street Address: _____
City/State/Zip: _____
Home Phone Number: _____

Parent/Guardian 1: _____ Relation: _____
Email Address: _____ Cell #: _____
Employer: _____ Employer Phone #: _____
Matching Gift Company? (check one) Yes ☐ No ☐

Parent/Guardian 2: _____ Relation: _____
Email Address: _____ Cell #: _____
Employer: _____ Employer Phone #: _____
Matching Gift Company? (check one) Yes ☐ No ☐

Emergency Contacts: Please list at least one Emergency Contact (EC) **other than parent or guardian**

*EC 1 Name: _____ EC 2 Name: _____
*Phone Number: _____ Phone Number: _____

*Parish or Church Name: _____
*Address: _____

Please make sure you have provided us with an email for each guardian. We send most messages and correspondence via email. The school will not share your email address with any outside organizations.

DEVELOPMENT OFFICE INFORMATION 2025-2026

Information on this form will be shared with our Advancement Office for fundraising purposes only. It will not be shared outside of Mount Michael Benedictine.

Student Name: _____ **Grade 2025-2026:** _____

Other Children: please list other children in your family, older and younger siblings.

Name	Gender		Age	School
	M	F		
	M	F		
	M	F		
	M	F		
	M	F		

Living Grandparents: please provide the following information for grandparents of your MM student(s).

Father's Parents

Grandfather: _____ Occupation: _____

Grandmother: _____ Occupation: _____

Phone: _____ Address: _____

City, State, Zip: _____

Mother's Parents:

Grandfather: _____ Occupation: _____

Grandmother: _____ Occupation: _____

Phone: _____ Address: _____

City, State, Zip: _____

Other Mount Michael Alumni Relatives

Please list any other relatives who graduated from Mount Michael if not already listed above.

Name: _____ Grad Year: _____ Relationship to Student: _____

Email Address: _____

Name: _____ Grad Year: _____ Relationship to Student: _____

Email Address: _____

Name: _____ Grad Year: _____ Relationship to Student: _____

Email Address: _____

MOUNT MICHAEL BENEDICTINE SCHOOL MEDICAL FORM 2025-2026

*Fields with an asterisk are required

*Name: _____ *Age: _____ *Grade (25-26): _____

*Does your son have any known allergies? (check one): NO ☐ YES ☐ List: _____

*Insurance Co. Name: _____ *Policy No.: _____

*MEDICAL AUTHORIZATION

I do ☐ or do not ☐ authorize Mount Michael Benedictine School to give my son the following over-the-counter medicine: Advil/Tylenol, Cough Drops, Sinus and Cold Relief, Allergy Relief, and Antacid.

*Parent/Guardian Signature: _____

*IMMUNIZATION HISTORY

FOR RETURNING STUDENTS: Please list immunizations (month/day/year) given during the PAST YEAR ONLY or attach shot record.

CHECK HERE if no new immunizations in the last year: ☐

DPT/TD: _____ POLIO: _____ MMR: _____ VARICELLA: _____

HEPATITIS B: _____, _____, _____ HEPATITIS A: _____, _____

COVID-19: _____, _____, _____ OTHER: _____, _____, _____

FOR NEW OR TRANSFER STUDENTS: Please attach a current immunization record from your doctor's office.

*All students participating in sports must get a physical. According to NSAA rules, the physical for the current school year must be dated after May 1. Please provide a copy of the physical from your doctor's office.

MOUNT MICHAEL BENEDICTINE SCHOOL PERMISSION FORM
2025-2026

CONCERNING TRANSPORT TO AND FROM EVENTS DURING THE SCHOOL WEEK:

Mount Michael will provide transportation under the following conditions of consent and release of liability.

As a parent and legal guardian, you remain fully responsible for any legal responsibility which may result from personal actions taken by your son.

RELEASE, DISCHARGE AND COVENANT NOT TO SUE the above-named school and abbey, its representatives or assignees for all claims and liability arising out of strict liability or ordinary negligence of release, which causes the undersigned any injury or property damage and further agrees to hold release harmless and indemnify release from any claim, judgment or expenses release may incur by participation in the described activity.

Parent or Legal Guardian Signature

Date

PERMISSION FORM for Returning to Campus at the Start of the School Week

For the 2025-2026 school year, our son

_____ Cell #: _____
(Print Name)

will return to campus:

_____ on Sunday evenings (or the evening before the resumption of classes after breaks)
by 9:30 p.m.

_____ on Monday morning (or the morning of the resumption of classes) by 7:30 a.m.

_____ is enrolled in the Day Student Program.

_____ is enrolled in the 7 Day Boarding Program.

Any deviation from the above must be cleared with my son's dean, by me or my spouse (NOT MY SON), in advance.

Parent or Legal Guardian Signature

Date

NSAA Athletic and Activities Student and Parent Consent Form

School Year:			
Member High School:	Mount Michael Benedictine School		
Name of Student:			
Date of Birth:		Place of Birth:	
Name of Parent(s), Guardian(s), or Person(s) in Charge:			
Relationship to Student:			
Address(es) of Student and Parent(s)/Guardian(s)/or Person(s) in Charge**:			

****Note: If Student and all Parents/Guardians do not live in the same household, please include all addresses and inform the Member School as this may impact eligibility.****

The undersigned(s) are the Student and the parent(s), guardian(s), or person(s) in charge of the above-named Student and are collectively referred to as "Parent".

The Parent and Student hereby:

(1) Understand and agree that participation in NSAA sponsored activities is voluntary on the part of the Student and is a privilege and understand and agree that (a) by this Consent Form the NSAA has provided notice of the existence of potential dangers associated with athletic and activity participation; (b) participation in any activity may involve injury or illness of some type, including exposure to communicable diseases, and even catastrophic injury, paralyzation, and death; and (c) even the best supervision, the use of the best protective equipment and strict observance of rules, injuries are still a possibility;

(2) Consent and agree to participation of the Student in NSAA activities subject to (a) all NSAA Bylaws and rules interpretations, including limitations on transfers and limitations on the use of the Student's name, image, and likeness when wearing school uniforms or engaging in commercial activity tied to the Student's participation in NSAA activities; and (b) the athletic and activities rules of the Member School;

(3) Consent and agree to the disclosure by the Member School to the NSAA, and subsequent disclosure by the NSAA, of information regarding the Student contained in the Member School's directory information or other similar policies, and any other records or documentation needed to determine the Student's eligibility and compliance necessary to participate in NSAA activities;

(4) Understand that (a) prior to athletic participation, a pre-participation release form signed by a health care professional must be signed and submitted to the Member School; and (b) for purposes of determining fitness to participate, injury, injury status, or emergency response, Parents may be asked to consent to the disclosure of confidential medical records or information. Records and information shared for this purpose will not be redisclosed to any entities outside of the health care provider(s), Member School, or NSAA;

(5) Consent and agree (a) to authorize licensed or trained individuals, including certified sports injury personnel, to evaluate and treat any injury or illness that occurs during the Student's participation in NSAA activities. This includes all reasonable and necessary care, treatment, and rehabilitation for these injuries that is made available by the Member school and/or the NSAA, including transportation of the Student to a medical facility if necessary; and (b) that Parents are obligated to pay for professional medical and/or related services; the NSAA and the Member School shall not be liable for payment of such services even if made available by the Member School or NSAA.

(6) Understand that the Student or Student's likeness being photographed, video recorded, audio taped, or recorded by any other means while participating in NSAA activities and contests and that any such recording may be used for broadcast, sale, or display.

We, Parent(s) and Student, acknowledge that I have read paragraphs (1) through (6) above, understand and agree to the terms thereof, including the warning of potential risk of injury inherent in participation in athletics and activities, and agree that Student may participate in NSAA activities.

	Printed Name	Signature	Date
Student:	_____	_____	_____
Parent/Guardian:	_____	_____	_____
Parent/Guardian:	_____	_____	_____

STUDENT HANDBOOK ACKNOWLEDGEMENT FORM

We draw your attention to the vaccination policy in the school handbook.

Mount Michael Vaccination Policy

To ensure the health of both Mount Michael students and the larger community, vaccinations **are required** of all students, and parents or guardians are required to provide evidence of their son's vaccination history. No personal exemptions to this policy will be accepted. The only exception to this policy will be a detailed medical exemption that is provided by a medical doctor. Any medical exemption must use a form that Mount Michael will provide upon request, and it must be submitted directly to the school office by the medical doctor. Any waiver that may have been accepted by a student's previous school will not automatically be accepted by Mount Michael.

The following vaccinations **ARE REQUIRED** for all students, based on the Nebraska Department of Health and Human Services regulations:

- Diphtheria, Tetanus, Pertussis (DPT) – 3 doses of DTaP, DTP, DT or Td vaccine, one given on or after the 4th birthday.
- Tdap (with pertussis booster) required in 7th grade.
- Polio – 3 doses of polio vaccine.
- Measles/Mumps/Rubella (MMR) – 2 doses of MMR or MMRV vaccine, given on or after 12 months of age and separated by at least one month.
- Hepatitis B – 3 doses of pediatric Hep B or 2 doses of adolescent vaccine if student is 11-15 years of age.
- Varicella (chicken pox) – 2 doses given on or after 12 months of age. If the child has had varicella disease, they do not need the vaccination.

By signing this form, I am acknowledging that my son and I have read the Student Handbook which is available online and will read the 2025-2026 Student Handbook when it becomes available early summer.

Son's Printed Name: _____

Son's Signature: _____ **Date:** _____

Parent's Signature: _____ **Date:** _____

Dear Parents and Guardians,

Due to recent updates in the State of Nebraska Textbook Loan Program (TLP), parents or guardians can now authorize school administrators to act as their designated agents in requesting and managing textbook loans for students. By signing the attached form, you authorize school administration to request textbooks, pool per-pupil allocations, and represent your family in all matters related to the Textbook Loan Program.

Please complete the form and return it to the school office with your annual registration paperwork. If the form is not returned, your son will not be able to receive all the free textbooks for most core classes loaned to students through this program. By signing this form, the parent or guardian also acknowledges financial responsibility for any loss or damage occurring to the loaned books.

Please review the paragraph below and indicate your agreement by signing the form.

By enrolling the student named below in Mount Michael Benedictine School, I authorize the school administrator to act as my designated agent for requesting and borrowing textbooks and handling all related matters under the Textbook Loan Program. I also understand that these textbooks are the property of the State of Nebraska, and that failure to return any loaned books by the end of the school year or causing any damage beyond ordinary wear and tear will require the parent/guardian to reimburse the school for the cost of the book or repair.

Student Name (please print): _____

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____

Date: _____