

Permission:

I have received the "Minnesota Department of Health Potassium Iodide (KI): What it is and what it does".

My child MAY _____ MAY NOT _____ receive potassium iodide at the recommended dose as directed by the Minnesota Department of Health, in the event of a nuclear incident at the Monticello Nuclear Power Plant.

My child has a known iodine allergy. _____ Yes _____ No

Students without completed permission forms will not be offered KI in the event of a nuclear incident.

St. Francis Xavier School admits students of any race, religion, and national or ethnic origin.

The following information regarding the ethnic background of your child is requested for statistical purposes only. Providing this information is purely optional and has no bearing on acceptance to St. Francis Xavier School.

Ethnicity

Please check all that apply for your child:

_____ African/African American	_____ American Indian/Alaska Native	_____ Asian
_____ Black/African American	_____ Hispanic	_____ Hispanic Latino
_____ Middle Eastern	_____ Native Hawaiian/Pacific Islander	_____ White
_____ Unknown		

Race

Please check all that apply for your child:

_____ American Indian/Alaskan Native American	_____ Asian	_____ Black/African American
_____ Pacific Islander/Native Hawaiian	_____ Hispanic	_____ White
_____ Other		

The undersigned requests admission for the above-named child and hereby agrees to the tuition, policies, and procedures of St. Francis Xavier School.

Parent/Guardian Signature

Date Signed

OFFICE USE ONLY: \$50 Non-Refundable Registration Fee

Check # _____ Cash _____ Amount _____ Date _____