



## Permissions

The following are one time permissions that will follow your child while enrolled at St. Francis Xavier School. Parent must notify school office in writing, should a decision change be requested.

\_\_\_\_\_ My child's name and picture may appear in class composites, yearbook, school website, social media, Wright County Journal Press and/or any other publication so designated by St. Francis Xavier School.

\_\_\_\_\_ I do not want my child's name or picture to appear in any publication.

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### I have received "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.)**

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### 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
_____ Native Hawaiian/Pacific Islander	_____ White	_____ Middle Eastern
		_____ Unknown

#### Race

**Please check all that apply for your child:**

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

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***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