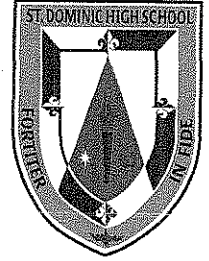


ST. DOMINIC HIGH SCHOOL

Prayer, Study, Community and Service Since 1929



July 11, 2019

Dear Parents and Students,

We hope that you are having an enjoyable summer, and believe it or not, we are almost to the start of the 2019-2020 school year! As this next school year begins, we are ever mindful of the partnership we all share as parents, teachers, and students in the educating with a higher purpose. There have been so many great things going on on campus, but they will only be complete when our students are back!

On Monday, July 15th, you should receive an email from school containing a number of important details regarding the coming school year. If for any reason you did not receive that email, please contact Sally Garrett in the main office right away. In addition to that correspondence, there are a number of important pieces of information for the beginning of the school year contained in this mailing. Enclosed you will find the following information for your review and response:

- Family Contact Update Form—please complete and return to school
- Wagner Portraits Picture Form—picture day for Freshmen is 8/14, and for Sophomores, Juniors, and Seniors 8/16
- Important Dates—regarding the beginning of school
- Health History Form—Freshmen Only
- Coalition Meeting—Freshmen Only

In addition to these forms all students interested in participating in athletics need to complete the required MSHSAA forms through Privit. The link to create or update your account is on the Athletics Tab under Tryouts & Physicals Tab of our website, <https://www.stdominichs.org/athletics/tryouts>. Please note that athletic physicals are now valid for two years, as is your impact test. However, all athletes must update information and electronically sign required paperwork every year for MSHSAA through Privit. The following MSHSAA Pre-Participation Documents are required every school year:

- Medical History
- Parent Permission-Insurance Verification
- Student Agreement
- Concussion Education Materials with Parent and Student Signatures
- Emergency Contact Information

Note that if your Impact Test upload appears as “Not Completed” please email Ruth Young, Athletic Trainer, at ryoung@stdominichs.org and she will verify that you have completed and filed the Impact Test.

As the school year begins, parents wishing to load money onto their child(ren)’s Cafeteria accounts will be able to do so by turning in checks or cash to the school Attn: Food Service or you can add money to your student’s account through www.myschoolbucks.com. Information regarding My School Bucks is available on our website. Initial funds are asked to be sent in no later than August 12th, so their staff has time to make sure all of the student accounts have been credited before the start of school. Questions regarding accounts or Food Service should be directed to showerton@stdominichs.org.

Lastly, we are under significant construction to our campus this summer. This construction includes a new entrance to our campus off of W Terra along with a new parking lot near the tennis courts and grass

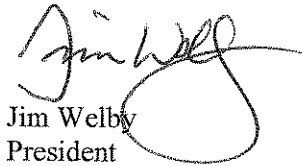
31 St. Dominic Drive • O’Fallon, MO 63366-2395
www.stdominichs.org • (636) 240-8303 • fax (636) 240-9884

Regional Catholic High School serving St. Charles, Lincoln and Warren counties


athletic fields, and an expansion of the parking lot near the Fallon Family Center. While construction is in full swing, we are cautiously optimistic that the majority of this construction will be completed by the start of school. However, in the event it is not, we would ask for your patience and understanding through this construction. Once complete it will be a wonderful addition to our campus.

As we move into the final month of summer vacation, we hope that you continue to get much family time, rest, and relaxation. Nothing is more exciting for us than having our campus come alive with students. So we are excited to get the school year started, but not before you enjoy the rest of your summer. As always if you should have any questions on any of the details mention in this letter or anything in general, please do not hesitate to call the main office at 636.240.8303.

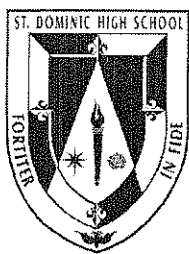
Educating with a higher purpose,



Jim Welby
President



Stacy Stewart
Principal



ST. DOMINIC HIGH SCHOOL

2019-20 IMPORTANT DATES

FALL SEMESTER 2019

AUGUST

- 12 Fall Sports Begin
- 13 Freshman Parent Welcome Dinner
- 14 Freshman Orientation
- 16 Grades 10-12 Orientation
- 19 First B Day (Noon Dismissal)
- 20 First W Day (Noon Dismissal)
- 21 First Full Day of School
- 21 Senior Dinner
- 29 Back-to-School Night

SEPTEMBER

- 2 Labor Day (No School)
- 20 Homecoming Football Game/Alumni BBQ
- 21 Homecoming Dance
- 24 High School Night at St. Dominic

OCTOBER

- 27 Open House

NOVEMBER

- 1 All Saints Day – NO CLASSES (Professional Development)
- 2 Evening of the Crusader Gala
- 16 Joe Haug Run
- 28-Dec 1 Thanksgiving Break (NO SCHOOL)

DECEMBER

- 18-20 Semester Exams
- 21 Christmas Break Begins (Resume Jan. 6)

SPRING SEMESTER 2020

JANUARY

- 6 Classes Resume – Full Day
- 20 Martin Luther King Jr. Day (NO School)
- 24 Professional Development (NO Classes)

FEBRUARY

- 17 Presidents Day (NO School)
- 18 Professional Development (NO Classes)

MARCH

- 20 NO CLASSES
- 26-29 Spring Musical

APRIL

- 9 Holy Thursday – Noon Dismissal
- 10-19 Easter Break – NO Classes

MAY

- 1 Professional Development (No Classes)
- 1 Prom
- 3 Grandparent Day
- 5-6 Senior Exams
- 13 Graduation
- 25 Memorial Day (NO School)
- 26-28 Final Exams

Please Note:

Dates are subject to change. Follow the online calendar at www.stdominichs.org for updates

St. Dominic High School HEALTH FORM

Please complete this form, **all pages**, and return it to the school office by the 1st day of school.

Date form completed: __/__/__

Student's Legal Name: _____
Last First Middle

Graduation year: _____ Birthdate: __/__/__

Student's Address: _____

City/State: _____ Zip Code: _____ Landline: _____

PARENT /GUARDIAN EMERGENCY CONTACT INFORMATION:

Name: _____ Relationship: _____

Cell Phone: _____ Work Phone: _____

Name: _____ Relationship: _____

Cell Phone: _____ Work Phone: _____

EMERGENCY CONTACTS other than parents/guardians: Note that your child will only be released from school to parents or guardians, or to the emergency contacts listed below.

Name: _____ Relationship: _____

Cell Phone: _____ Work Phone: _____

Name: _____ Relationship: _____

Cell Phone: _____ Work Phone: _____

Name: _____ Relationship: _____

Cell Phone: _____ Work Phone: _____

Name: _____ Relationship: _____

Cell Phone: _____ Work Phone: _____

DOCTOR INFORMATION:

Doctor's Name: _____ Phone _____

Preferred Hospital: _____

Please continue on next page!

Please indicate any Allergies, Conditions and Medications

Drug Allergy No ___ Yes ___ Please list: _____
 Symptoms that apply: Difficulty breathing/wheezing No ___ Yes ___
 Swelling of face, throat, tongue No ___ Yes ___
 Hives/rash No ___ Yes ___; Abdominal pain No ___ Yes ___;
 Other _____

Food Allergy No ___ Yes ___ Please list: _____
 Symptoms that apply: Difficulty breathing/wheezing No ___ Yes ___
 Swelling of face, throat, tongue No ___ Yes ___
 Hives/rash No ___ Yes ___; Abdominal pain No ___ Yes ___;
 Other _____

Bee Sting Allergy No ___ Yes ___ Please list: _____
 Symptoms that apply: Difficulty breathing/wheezing No ___ Yes ___
 Swelling of face, throat, tongue No ___ Yes ___
 Hives/rash No ___ Yes ___; Abdominal pain No ___ Yes ___;
 Other _____

Seasonal Allergy No ___ Yes ___ Please list: _____
 Symptoms that apply: Difficulty breathing/wheezing No ___ Yes ___
 Swelling of face, throat, tongue No ___ Yes ___
 Hives/rash No ___ Yes ___; Abdominal pain No ___ Yes ___;
 Other _____

Other Allergy No ___ Yes ___ Please list: _____
 Symptoms that apply: Difficulty breathing/wheezing No ___ Yes ___
 Swelling of face, throat, tongue No ___ Yes ___
 Hives/rash No ___ Yes ___; Abdominal pain No ___ Yes ___;
 Other _____

If you checked "Difficulty breathing/wheezing", "Swelling of face, throat or tongue" or "Hives/rash" to any of the above, please consult your child's doctor regarding possible need for an EpiPen to be with your child at all times.

EPI-PEN No ___ Yes ___ If yes, where is it when child is at school? Main office ___ Backpack ___

Asthma No ___ Yes ___ Triggered by: _____ Medications: _____
 Type of inhaler: _____ Inhaler used: Daily ___ or as needed ___
 Inhaler is: with student ___ at home ___

ADD or ADHD No ___ Yes ___ Medication: _____ Notes: _____

Diabetes No ___ Yes ___ Takes insulin No ___ Yes ___ Notes: _____

Epilepsy/ Seizures No ___ Yes ___ Describe seizure: _____
 Date of last seizure: _____ Medications: _____

Heart Condition No ___ Yes ___ Describe: _____
 Any physical restrictions: _____ Medications: _____

Bone/Joint Condition No ___ Yes ___ Describe: _____
 Any physical restrictions: _____ Medications: _____

Please continue on next page!

Other information that will be helpful to us:

Takes daily medications at home? Yes ___ No ___ At school? Yes ___ No ___ Emergency Only? Yes ___ No ___

Name of medication: _____ Dosage: _____ Time Taken: _____

Reason for taking: _____

EYES: Glasses ___ For reading ___ Distance ___ Contacts ___ Crossed ___ Lazy Eye ___ Difficulty seeing ___

EARS: Frequent ear infections ___ Tubes ___ Hearing difficulty (explain) _____

Wears hearing aid: Right ear ___ Left ear ___

OTHER CONCERNS: _____

ADDITIONAL HELPFUL INFORMATION:

Over-the-counter (OTC) Medication Permissions

Note that NO oral OTC medication, such as ibuprofen, acetaminophen, etc. will be given without a written order from your child's doctor.

I give permission for designated school personnel to use peroxide and/or alcohol, apply topical creams (such as Caladryl, antibiotic ointment) and/or basic first aid treatments as appropriate.

Signature of Parent or Legal Guardian: _____ Date: _____

**Coalition of Catholic Secondary Schools
NEW FRESHMEN PARENT MEETING
CLASS OF 2023 – ATTENDANCE CARD**

Choose location/date that best fits your schedule.

At least one parent must attend.

Presentation at each location begins at 7:00 p.m. and ends around 8:15 p.m. Doors open at 6:30 p.m.

RSVP online before July 29:

<https://tinyurl.com/2023parentmeeting>

BRING THIS CARD WITH YOU TO VERIFY YOUR ATTENDANCE

DATES	LOCATIONS
Monday, July 29, 2019	St. Pius X High School 1030 St. Pius Dr. Festus, MO
Tuesday, July 30, 2019	St. Norbert Church 16455 New Halls Ferry Rd. Florissant, MO
Tuesday, July 30, 2019	St. Richard 11223 Schuetz Rd. Creve Coeur, MO
Wednesday, July 31, 2019	St. Catherine Laboure 9740 Sappington Rd. St. Louis, MO
Wednesday, July 31, 2019	Valle High School 40 N. 4 th Street Ste. Genevieve, MO
Thursday, August 1, 2019	St. Vincent High School 210 South Waters St. Perryville, MO
Monday, August 5, 2019	St. Simon the Apostle 11011 Mueller Rd. St. Louis, MO
Tuesday, August 6, 2019	St. Dominic High School 31 Saint Dominic Dr. O'Fallon, MO
Wednesday, August 7, 2019	St. Raphael the Archangel 6040 Jamieson St. Louis, MO
Wednesday, August 7, 2019 SPANISH ONLY	St. Cecilia School 906 Eichelberger St. Louis, MO
Thursday, August 8, 2019	Holy Infant 627 Dennison Dr. Ballwin, MO
Thursday, August 8, 2019	St. Cletus 2705 Zumbuhl Rd. St. Charles, MO
Wednesday, September 11, 2019	St. Francis Borgia High School 1000 Borgia Drive Washington, MO

Student Name _____
School Attending in the Fall _____

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