

# PARENT & STUDENT HANDBOOK

## CHRISTIAN CODE OF CONDUCT

Dear Parents and Guardians,

It is your responsibility to read and discuss with your children the information inside the Parent and Student Handbook. This handbook is located in Sycamore. Please make special note of the Christian Code of Conduct that is listed on pages 10-11. This parent/student handbook should be kept and used as a reference throughout the year. Please return this form with your child the first week of school.

Our signatures indicate that we will follow the policies stated in the Parent and Student Handbook for Sts. Peter and Paul School and agree to abide by the Christian Code of Conduct as stated on pages 10-11.

Father's Signature

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Mother's Signature

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Student Signature

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Date: \_\_\_\_\_

STS. PETER AND PAUL SCHOOL  
PHOTO/VIDEO RELEASE FORM  
2016-2017

I hereby give permission for my son/daughter \_\_\_\_\_ to be photographed or videotaped at Sts. Peter and Paul School. I realize that the photo may be published in the newspaper, a magazine, website, or other publications. The video may be used for educational or informational purposes regarding the programs or curriculum at Sts. Peter and Paul School.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Return by August 10, 2016

# SCHOOL MESSENGER

Sts. Peter and Paul has a telephone broadcast system that will enable personnel to notify all households and individuals by phone within minutes of an emergency or unplanned event. This service will also be used from time-to-time to communicate general announcements or reminders.

Please list the names and numbers in which you would like to receive calls. Consider these numbers carefully and make an effort to keep us informed as soon as possible if any number changes for any reason.

**REMEMBER: ALL these numbers will be called at the same time. You do not have to fill in ALL of the blanks below.**

Name \_\_\_\_\_

Contact Number \_\_\_\_\_

Contact Number \_\_\_\_\_

Name \_\_\_\_\_

Contact Number \_\_\_\_\_

Contact Number \_\_\_\_\_

Name \_\_\_\_\_

Contact Number \_\_\_\_\_

Contact Number \_\_\_\_\_

Name \_\_\_\_\_

Contact Number \_\_\_\_\_

Contact Number \_\_\_\_\_

CATHOLIC DIOCESE OF EVANSVILLE  
INTERNET USE POLICY AND AGREEMENT

We are pleased to bring Internet access to Sts. Peter & Paul School school and believe the Internet offers valuable, diverse, and unique resources to both students and teachers. Our goal in providing this service to teachers and students is to promote educational excellence by facilitating resource sharing, innovation and communication.

If a student violates any of the terms and conditions described below, his or her Internet privileges will be terminated and future access may be denied. Furthermore, a student may be subject to disciplinary action, including expulsion, for abuse of the use of the Internet. This includes communications originating in or outside of the school by mobile devices of any kind (including but not limited to cellular telephones, BlackBerrys, Pocket PCs, Sidekicks, pagers and other similar devices) which threaten other students or school personnel, violate school rules or disrupt the educational process promoted by the school. Abuse of Internet communications may include, for example, the posting or dissemination of written material, graphics, photographs or other representations which communicate, depict, promote or encourage:

- The use of any illegal or controlled substance, including alcoholic beverages;
- Violence or threats of violence, intimidation, or injury to the property or person of another; or
- Lewd, offensive, sexually suggestive or other inappropriate behavior.

STUDENT AGREEMENT

1. Personal Responsibility. I will accept personal responsibility for my misuse of the Internet and electronic information system. "Misuse" may be considered any message sent or received that indicates or suggests racism, sexism, and inappropriate language, harassing or insulting messages, inappropriate sexual content or intentionally wasting limited resources.

2. Acceptable Use. My use of the Internet and e-mail will be in support of educational research and the education goals and missions of Sts. Peter & Paul school as defined by the teacher in charge. I understand that "surfing" the Internet can result in congestion of the school network slowing it-down for others.

3. Network Etiquette. I will be polite and will not send or encourage others to send abusive messages. I will use appropriate language and realize that I am a representative of my school community. I will never use swear words, vulgarities, or other inappropriate language.

4. Privacy. I will not reveal my home address or my personal or family phone numbers or those of any member of my school community to anyone over the Internet at any time.

5. Electronic Mail ("e-mail"). I understand that electronic mail is not guaranteed to be private. I will not send anything that I do not want others to read.

6. Security. Under no circumstances will I order any material over the Internet. I will not download and/or attach file from any user or users I am not familiar with.

7. Copyright. I understand that to copy another person's work on the Internet and call it my own is a violation of copyright law. This pertains to all text, graphics, and sound. When using other people's work, I will ask permission when possible and credit the author accordingly.

Use of the Internet and e-mail at our school is a privilege and not a right. I understand and will abide by the above Internet Use Agreement. I further understand that any violation of the Internet Use Agreement may be unethical and may constitute a criminal offense. Any violation of my Internet use or access privileges may be revoked and school disciplinary action may be taken.

Student's Name:

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

### PARENT AGREEMENT

As the parent/guardian of \_\_\_\_\_, I have read and discussed the attached Internet Use Policy and Agreement with my child. I understand that Internet access is provided by the school for education purposes only. However, I also recognize it is impossible for the school to restrict access to all controversial materials and I will not hold the school or faculty responsible for materials acquired from the Internet. I give my permission for my child to access the Internet pursuant to the attached Agreement while supervised at school.

Parent or Guardian:

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)



Before and After School Care  
Registration Form and Emergency Information

1. Child's Name \_\_\_\_\_ Grade \_\_\_\_\_  
Allergies \_\_\_\_\_  
Physical Conditions or Limitations \_\_\_\_\_  
Please list any other special attention, medication, or routines that we need to be made aware of \_\_\_\_\_
2. Child's Name \_\_\_\_\_ Grade \_\_\_\_\_  
Allergies \_\_\_\_\_  
Physical Conditions or Limitations \_\_\_\_\_  
Please list any other special attention, medication, or routines that we need to be made aware of \_\_\_\_\_
3. Child's Name \_\_\_\_\_ Grade \_\_\_\_\_  
Allergies \_\_\_\_\_  
Physical Conditions or Limitations \_\_\_\_\_  
Please list any other special attention, medication, or routines that we need to be made aware of \_\_\_\_\_

Parent Information

Father's Name \_\_\_\_\_ Address \_\_\_\_\_  
Cell/Home Number \_\_\_\_\_ Place of Employment \_\_\_\_\_  
Work Number \_\_\_\_\_ Emergency Number \_\_\_\_\_

Mother's Name \_\_\_\_\_ Address \_\_\_\_\_  
Cell/Home Number \_\_\_\_\_ Place of Employment \_\_\_\_\_  
Work Number \_\_\_\_\_ Emergency Number \_\_\_\_\_

What hours and days will your child(ren) be using this program?

Hours \_\_\_\_\_ Days of the Week M T W TH F as needed (circle all that apply)

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Medical Release and History

In the event I/we cannot be reached to make arrangements for emergency medical attention at the time of illness or accident, I hereby authorize the director to take my child(ren) \_\_\_\_\_ to the nearest emergency facility. In case of an emergency, under the general or special supervision and on the advice of any physician licensed to practice in the state of Indiana, I consent to any necessary examination, anesthetic, medical diagnosis, surgery or treatment and/or hospital care to be rendered to the above named minor(s).

Mother's Signature \_\_\_\_\_ Date \_\_\_\_\_

Father's Signature \_\_\_\_\_ Date \_\_\_\_\_

Child's Physician Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
Address \_\_\_\_\_

Child's Dentist Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
Address \_\_\_\_\_

Hospital Preference \_\_\_\_\_

Insurance Company \_\_\_\_\_

# PERMISSION TO PICK UP STUDENTS

The following people may possibly be picking up my children in the event of a major disaster and have my permission to do so

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Child/Children's Names

Parent Signature

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MEDICATION PERMIT FOR STS. PETER & PAUL SCHOOL

Indiana State Law requires that medication administered to any student while at school be done only when school authorities have written permission from the parent or guardian and the doctor. (Fill out and return if applicable)

Student \_\_\_\_\_

Medication \_\_\_\_\_

Directions for taking the medicine:

Time \_\_\_\_\_

Dosage \_\_\_\_\_

Physician's Signature \_\_\_\_\_ Phone# \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Phone# \_\_\_\_\_

Date \_\_\_\_\_