

# ST. PASCHAL BAYLON SCHOOL

## DRESS CODE/UNIFORMS 2011-2012

Uniforms must be worn starting the first day of school. New and used uniforms can be purchased at school on "Uniform Sale Days" (See Uniform Requirements at end of this page for specific uniform pieces that may be worn.) *On Uniform Sale Days, (Thursday, August 28, 2011 in the Parish Hall) representatives from the companies are at school to allow the purchase and/or ordering of uniform components.*

**The following companies supply all SPBS uniforms:**

**Dennis Uniform Co.**

6459 De Soto Ave., Woodland Hills, CA, 91367  
(818) 703-7493

(Dennis provides the SPBS uniform components and Junior High P.E. uniform.)

**Campus Uniform Co.**

1724 Border Avenue, Torrance, CA,  
(310) 787-1012

(Campus provides SPBS red & navy sweatshirts/jackets,  
*except* for the Varsity jackets worn in 7th & 8th grade.)

**Student Dress Code Requirements: Chart located in Section F.**

**Students should be neatly dressed and well groomed at all times.** Girls' skirts/jumpers must be an appropriate length – approximately 3-4" above the knee. Boys' white/grey polo shirts may not be more than 5-6" below the waist when not tucked-in, and they must all have the SPBS logo on the front. All outerwear worn to school must be the RED (Grades K-5) jackets/sweatshirts or BLUE (Grades 6-8) sweatshirts/polar fleece jackets purchased only through Campus Uniform Co. – all bearing the SPBS logo. All sweatshirts and/or jackets worn to school must have the SPBS logo on the front. 7th & 8th grade students only may also wear school-issued Varsity jackets. No scarves, hats, or mittens may be worn to school during cold weather.

**Hair color is to be the natural color of the student** and the cut/style should be neat; no extreme or drastic haircuts or styles are allowed at any time. Beads, feathers, or similar adornments are not to be worn in the hair. Multiple braids or "Cornrows" are not allowed as a hairstyle. Boys' haircuts should allow it to be off their faces, above their eyebrows, neatly trimmed around the neck, above the ears, and above the collar. Junior High boys should be clean-shaven with no facial hair.

**Jewelry worn at school is limited to a watch.** No body piercing in areas that can be observed is allowed, and no tattoos. In addition, girls only may wear one small, stud-type earring in each ear; boys are prohibited from wearing earrings. Chains, necklaces, medals, bracelets (including rubber band style or woven "friendship" bracelets), rings, etc. are not permitted. Make-up is not to be worn to school in grades K-5. Junior High girls may only wear minimal make-up as long as it looks natural and is within the boundaries of good taste. No eyeliner is allowed. No glitter-style make-up is allowed. Girls in grades K-8 may wear only clear or pale pink or peach nail polish at school. No "acrylic" nails or nail "tips/extensions" are allowed. No make-up is to be applied at school.

**Shoes are to be predominantly solid white, black, grey, or navy tennis/sport style shoes;** no boots, sandals, "Mary Jane" style shoes, patterned (such as checkered), or leather soles are allowed. All shoes must be worn snugly with velcro or shoelace ties, so that they do not fly off the student's foot during play and/or sport activities. Therefore, slip-on "Vans" style shoes are not permitted. Students are not to have soles that light up, nor cartoon characters, or drawings on shoes. No heels or soles higher than 2" are allowed for safety reasons. Shoelaces must be must coordinate with the shoe color. No brightly colored or fluorescent shoelaces are allowed. Socks must be worn by all students at school, and must be white for both girls and boys. White turtlenecks may be worn under the uniform shirt by both boys and girls. No undergarments may be visible through the uniform shirt or be longer than the uniform shirt. Junior High P.E. Uniforms are to be worn to school on scheduled P.E. days instead of the regular uniform. Any Junior High student who does not arrive for school dressed in their P.E. uniform on that day will be considered out of uniform. P.E. Uniform sweatpants with the SPBS logo only may be worn by junior high students only on P.E. days, as needed in cold weather. No hats are allowed at school, due to health codes. No sunglasses may be worn during school hours, even on "Free Dress" days. Boys' belts must fit snugly; not have a long length hanging down, and they may only be dark leather or plain dark material with a plain, small buckle. Any interpretation as to questionable attire worn by students will be subject to the discretion of the Principal.

**"Free Dress" Days/Spirit Days:**

"Free Dress" days are privileges and are really "out of uniform days". As such, it is expected that students will be dressed appropriately and within the boundaries of Catholic/Christian modesty on these days. Unacceptable school attire includes, but is not limited to, "spaghetti" strap shirts or crop tops, very short shorts, visible underwear of

any kind, overly tight clothing, or extremely oversized clothing. No dangling earrings are allowed or necklaces for safety reasons. Clothing with inappropriate wording or design is also prohibited. **Under normal circumstances, sunglasses, wigs, and/or hats may not be worn at school, due to California State Health and Safety codes.** However, occasionally on "Spirit Days" an exception is made to this particular criteria. Please check the "Bear Paw" prior to each "Spirit Day" for specific guidelines regarding the student dress code. Please check your child(ren) before they leave for school to prevent our having to call you to bring suitable clothing to school. **A student's attire is primarily a parenting issue**, so we look forward to our parents' collaboration with SPBS in this area. Note: Girls "board shorts" are almost always too short to be appropriate school wear.

**Full "Dress Uniform" Days:**

Scheduled student body Mass days and other designated days call for boys to wear Dennis Uniform **long pants** and girls to wear their SPBS **plaid jumpers or skirts**. *Shorts* are not permitted. Check weekly SPBS "Bear Paw" newsletter for additional designated dress uniform days.

**SPBS UNIFORM REQUIREMENTS**

| <b>BOYS' UNIFORM</b>  | <b>Gr. K-3</b>    | <b>Gr. 4-5</b> | <b>Gr. 6-8</b> |
|---|-------------------|----------------|----------------|
| White Polo – Jersey Knit-with SPBS Logo <b>only</b>                 | X                 | X              | X              |
| <b>Grey Polo – Pique Knit-with SPBS Logo only</b> ← <i>New Item</i> | X                 | X              | X              |
| White Long Sleeved Polo Shirt-with SPBS Logo <b>only</b>            | X                 | X              | X              |
| Navy Twill with Pleated or Flat Front Pants                         | X                 | X              | X              |
| Navy Twill Shorts with Pleated or Flat Front                        | X                 | X              | X              |
| Navy wide-wale Cord Pants   | X                 | X              | X              |
| P.E. Clothes with SPBS Logo (T-Shirts; shorts; sweatpants)          |                   |                | X              |
| Red Pullover or Zippered/Hooded Sweatshirt w/ Logo                  | X                 | X              |                |
| Navy Blue Zippered/Hooded Sweatshirt or Polar Fleece w/SPBS Logo    |                   |                | X              |
| Red Jackets or Red Polar Fleece with SPBS Logo                      | X                 | X              |                |
| Varsity Jacket  | Grades 7 & 8 only |                |                |

| <b>GIRLS' UNIFORM</b>  | <b>Gr. K-3</b>    | <b>Gr. 4-5</b> | <b>Gr. 6-8</b> |
|--|-------------------|----------------|----------------|
| Hamilton Plaid Jumper  | X                 | X              |                |
| Hamilton Plaid Skirt   |                   |                | X              |
| White Blouse – Sport Collar                                      | X                 | X              | X              |
| White Over-blouse  |                   |                | X              |
| White Blouse – Butterfly Collar with White Piping                | X                 |                |                |
| White Polo – Jersey Knit – <b>with or without</b> SPBS Logo      |                   |                | X              |
| White Long Sleeved Polo Shirt- <b>with</b> SPBS Logo <b>only</b> | X                 | X              | X              |
| Navy Twill Pants with Pleated or Flat Front                      | X                 | X              | X              |
| Blue Pinfeather Shorts   | X                 | X              | X              |
| P.E. Clothes with SPBS Logo (T-Shirts; shorts; sweatpants)       |                   |                | X              |
| Red Pullover or Zippered/Hooded Sweatshirt w/ Logo               | X                 | X              |                |
| Navy Blue Zippered/Hooded Sweatshirt or Polar Fleece w/SPBS Logo |                   |                | X              |
| Red Jackets or Red Polar Fleece with SPBS Logo                   | X                 | X              |                |
| Hair Accessories – Plaid Headband; Scrunchies; Bows              | X                 | X              |                |
| Varsity Jacket   | Grades 7 & 8 only |                |                |

- **Please note that we have a new item for boys only: Grey polo, pique jersey knit, with school logo.**
- *It is our expectation that all required SPBS uniform items will only be purchased from either Campus and/or Dennis Uniform companies, and/or from our approved school "Used Uniform" sales.*



**ARCHDIOCESE OF LOS ANGELES**  
**ST. PASCHAL BAYLON SCHOOL STUDENT & YOUTH ACTIVITY PERMISSION FORM**

CHILD'S NAME (Print): \_\_\_\_\_ GRADE: \_\_\_\_\_

Activity:  Field Trip  Other (specify) \_\_\_\_\_

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

Educational Purpose: \_\_\_\_\_

Description of Activity: \_\_\_\_\_  See Attached

Mode of Transportation:  Walk  Car Pool  Bus  Other (specify) \_\_\_\_\_

Teacher/Adult Leader: \_\_\_\_\_ Attire: \_\_\_\_\_

I request that my son/daughter be permitted to participate in the above activity. My child has no medical condition that would render it inappropriate for him/her to participate in this activity. I have returned the Health and Medical Release Form (SPBS "Emergency Card") to the school. I agree to direct my child to cooperate and conform to directions and instructions of the, school, parish or Archdiocesan personnel responsible for this activity.

As a condition of participating in this activity, I hereby release and discharge The Roman Catholic Archbishop of Los Angeles, a corporation sole, Archdiocese of Los Angeles Education & Welfare Corporation and the school and parish, their respective employees and any parent/volunteer chaperone, from any and all claims for personal injuries, wrongful death or property damage that my son/daughter may suffer as a result of participation in the activity described above, whether or not such injuries or damage are caused by the negligence (active or passive) of the Archdiocese, the parish, the school or their employees or chaperones.

Should it be necessary for my son/daughter to have medical treatment while participating in this trip, I hereby give the responsible personnel or chaperones permission to use their judgment in obtaining medical service, and I give permission to the physician selected by the school personnel or chaperone to render medical treatment deemed necessary and appropriate by the physician. I agree to relieve the school and other participating adults from any liability in connection with this request.

I understand that the insurance benefits through the school, if any, may have limited application, and that I am entirely responsible for the cost of all medical treatment provided to my child. I agree to indemnify and hold the school harmless from the cost of any medical treatment and related expense and cost incurred.

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

\_\_\_\_\_  
Home Phone Cell Phone Work Phone

Person to Notify in case of Emergency if Parent or Guardian is unavailable:

Name: \_\_\_\_\_

Day phone: \_\_\_\_\_ Cell: \_\_\_\_\_



PARENT PERMISSION/AGREEMENT FORM

RE: CELL PHONE/PORTABLE COMMUNICATION DEVICES

(Students in Grades 4 – 8 Only)

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ School Year: **2011-2012**

Personal Communication Device Description: \_\_\_\_\_

SPBS STUDENT CELL PHONE PARENT AGREEMENT:

Cell phones and other portable communication devices (iPhones®, iPods®, iPads®, Blackberries®, etc.) may be brought to school only with written parental permission for students in grades 4-8 per our SPBS Handbook. Your signature below indicates your understanding of this rule. In addition, your signature below signifies your agreement and understanding of all applicable rules and penalties outlined in our SPBS Parent Student Handbook pertaining to possession of Personal Communication Devices by SPBS students during school hours and/or at school-sponsored events.

Note: Your signature below indicates your understanding and agreement that all portable communication devices brought to school by your child must be turned "OFF" and stored in a backpack, book bag, locker, or other place where the device is not visible while on campus during school hours and/or all school-sponsored events (including Extended Care; SPBS team practices; league games, etc.), and that you will review the complete Handbook rules with your child prior to signing this agreement. Please also review the Handbook penalties for miss-use of a personal communication device by an SPBS student.

SPBS is NOT responsible for lost, misplaced, stolen, broken student portable communication devices or for any unauthorized use of such devices. The school will NOT pay to replace devices that are lost, misplaced, or stolen after they are confiscated and will NOT pay for communications charges at any time.

SPBS is not responsible for any inappropriate texting/messaging by students in or out of school.

Students can be held accountable for behavior inside or outside of school that is detrimental to the reputation of SPBS, such as texting, as determined by the principal.

Signature signifies agreement and compliance: I give my permission for my child in grades 4-8 to have a personal cell phone/device at SPBS and we agree to abide by the school's rules for such device.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_



## **REGULATIONS REGARDING THE ADMINISTRATION OF MEDICATION DURING SCHOOL HOURS**

### **1) GENERAL POLICY**

- a) No student shall be given medications during school hours except upon the written request from a licensed physician who has the responsibility for the medical management of the student. All such requests must be signed by the parent or guardian.

### **2) RESPONSIBILITY OF THE PARENTS OR GUARDIANS**

- a) Parents or guardians will assume full responsibility for the supplying of all medications.
- b) No medications may be brought to school by students.
- c) Parents or guardians shall deliver or cause to be delivered by an adult or an authorized employee of a pharmaceutical supplier, any medication to be administered under the provisions of this policy.

### **3) RESPONSIBILITY OF THE PHYSICIAN**

- a) A request form for each prescribed medication must be completed by the student's physician, signed by the parent or guardian, and filed with the school administrator or their designated representative.
- b) The container must be clearly labeled with the following information:
  - i) Pupil's full name
  - ii) Physician's name
  - iii) Physician's telephone number
  - iv) Name of medication
  - v) Dosage, schedule and dose form
  - vi) Date of expiration of prescription

### **4) RESPONSIBILITY OF SCHOOL PERSONNEL**

- a) Pupils taking medication will be assisted by authorized school personnel. This shall be done in accordance with the physician's instruction.
- b) All medications administered by school personnel must be kept locked in a secure place.



**REQUEST FOR MEDICATION TO BE TAKEN DURING SCHOOL HOURS BY A STUDENT**

**TO BE COMPLETED BY PARENT: (for over-the-counter medication to be taken at school)**

\_\_\_\_\_  
LAST NAME OF STUDENT                      FIRST NAME                      SEX                      DATE OF BIRTH

*I request that my child, named above, be assisted in taking the prescribed medication at school by authorized persons, and shall comply with the school's policies and procedures.*

\_\_\_\_\_  
DATE                      SIGNATURE OF PARENT/GUARDIAN                      TELEPHONE

\_\_\_\_\_  
NON-PRESCRIPTION MEDICATION (TYLENOL, ADVIL, ETC.)                      DOSAGE

**TO BE COMPLETED BY A LICENSED PHYSICIAN FOR PRESCRIPTION MEDICATION:  
(for prescription medication to be taken at school)**

\_\_\_\_\_  
PURPOSE OF MEDICATION                      NAME OF MEDICATION

\_\_\_\_\_  
DOSAGE PRESCRIBED                      TIME SCHEDULE                      DOSE FORM (TABLET, LIQUID, ETC.)

\_\_\_\_\_  
DATE OF PRESCRIPTION                      LENGTH OF TIME TO BE TAKEN

Precautions, Special Instructions, Possible Adverse Effects, Comments:

\_\_\_\_\_  
The student named above, for whom this medication is prescribed, is under my care.

\_\_\_\_\_  
PRINT NAME OF PHYSICIAN                      SIGNATURE OF PHYSICIAN

\_\_\_\_\_  
ADDRESS                      TELEPHONE                      DATE

**MUST BE RENEWED EACH SCHOOL YEAR**



**PERMISSION FOR THE USE OF PRESCRIPTION  
INHALERS TO BE CARRIED BY STUDENTS**

|                  |       |               |       |
|------------------|-------|---------------|-------|
| Name of Student  | _____ | Date of Birth | _____ |
| Street Address   | _____ | Home Phone    | _____ |
| City, State, Zip | _____ | School Year   | _____ |

**TO THE HEALTH CARE PROVIDER:**

Your patient has advised the school staff that he/she may carry and use an inhaler during school hours.

Please complete and sign this form if an inhaler prescribed for a school age child may be used during school hours. This form is required by California Education Code, Section 11753.1, to authorize school personnel to permit the child to carry and use an inhaler at his/her own discretion.

**Date** \_\_\_\_\_

**Diagnosis or reason for medication:** \_\_\_\_\_

**Inhaler prescribed, dosage, time to be taken:** \_\_\_\_\_

**Any special instructions, precautions, or possible side effects:** \_\_\_\_\_

**Approximately how long will this medication be necessary?** \_\_\_\_\_

**Signature of Physician:** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Print Name of Physician:** \_\_\_\_\_

**TO THE PARENT OR GUARDIAN:** The inhaler may be carried by the student and used as prescribed after this form has been filed with your school office.

**PLEASE SIGN THE FOLLOWING STATEMENT:** I request that the school permit my child to carry and use an inhaler during school hours as prescribed by his/her physician.

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_



## SPBS Parent/Student Policies Agreement and Consent Form

(Please print except where signatures are required)

We, the administration, faculty, staff of St. Paschal Baylon School, welcome you to our school community. SPBS is firmly committed to providing an excellent academic education, and solid Catholic faith formation, for your children. The continued success of our school demands the commitment, dedication and collaboration of the administration, faculty, staff and parents in accordance with the philosophy and goals of the school. Thus, we ask you to read and sign the following agreement, including Diocesan-provided "consent" sections, as an indication of your understanding and acceptance of your responsibilities to our school community.

### AGREEMENT AND CONSENT

- 1. We understand that Saint Paschal Baylon School (SPBS) is a Catholic parish school, under the jurisdiction of the Archdiocese of Los Angeles. We accept, therefore:**
  - a. That the pastor of the parish is the ex-officio chief administrative officer of the school, who carries out the policies of the Archdiocesan Advisory Board and, on points not covered by Archdiocesan policy, determines policies appropriate to the needs of the school.
  - b. That the principal is responsible for the immediate direction and supervision of the school program.
- 2. We understand that certain responsibilities require our continuous support if the school is to achieve its above-stated goals. We agree, therefore:**
  - a. To participate at Sunday/Saturday Mass each week and to participate in parish activities, so that our children may have a sense of the importance of their faith commitment and the parish community in their lives.
  - b. To participate in the SPBS religion program, weekly school Masses, and related activities, as indicated, in order to make the teaching of religion a reality in the lives of our children.
  - c. To encourage our children to learn by providing the necessary environment (appropriate space and time) suitable for home study, and to provide outside professional academic enrichment if needed.
  - d. To abide by all school and Archdiocesan policies and regulations and to positively accept all disciplinary actions, including withdrawal of our children, for non-compliance with these policies and regulations.
  - e. To communicate respectfully with all SPBS personnel at all times, and to communicate to our child(ren) our support of school personnel and policies.
  - f. To promptly complete and return all forms and records necessary to comply with school, Archdiocesan, and state regulations.
  - g. To participate in school activities and events throughout the school year.
- 3. We understand that tuition and fees cover only a part of the total cost of educating our children. We agree, therefore:**
  - a. That the obligation to pay all charges for the full academic year is unconditional, and that previously paid tuition and fees will only be refunded upon early withdrawal, as directed by the principal.
  - b. To make regular and prompt payment of tuition/fees; pay applicable late payment fees, and accept that my child(ren) may be excluded from school at any point that tuition becomes more than 60 days in arrears.
  - c. To submit donation envelopes regularly at Sunday/Saturday Mass at St. Paschal Baylon Church (if receiving the supporting parishioners' tuition rate) of at least \$250.00 each school year.
  - d. To fulfill our volunteer service obligation of a minimum of forty (40) hours during each school year, as explained in full in the SPBS Parent/Student Handbook.
  - e. To participate in the fundraising programs in order to generate the expected minimum of \$250.00 in "profit dollars" during each school year, as explained in full in the Parent/Student Handbook.
  - f. To request in a timely manner, and then abide by, the decision of the SPBS Tuition Board/principal, should circumstances lead us to request exemption for part of our annual financial obligations.
  - g. To pay the graduation fee requirement during my child's eighth grade year.

**4. Consent for Internet access and use of the Internet at SPBS by students:**

I grant permission for my child to access the Internet and the school's networked computer services. I understand that individuals and families may be held liable for violations. I accept responsibility for guidance of Internet settings and use. I will convey to my child and comply with school and Archdiocesan standards regarding selecting, sharing or exploring information and media on the Internet, as contained in the SPBS Parent/Student Handbook. I will instruct my child to follow all said standards regarding Internet use. I hereby release the school, its personnel, and any institutions with which it is affiliated, from any and all claims and damages of any nature arising from my child's use of, or inability to use, the school system, including but not limited to claims that may arise from the unauthorized use of the system to purchase products/services.

**5. Consent for publication of student work/pictures on the Internet and in other media:**

I understand that from time-to-time the school may wish to publish examples of student projects, photographs of students, and other work on our SPBS Internet accessible World Wide Web server. Student projects, photographs, and other work may therefore be posted on the Internet. Photos of students will not include the students' full name. However, names of students may be published on our SPBS website.

I acknowledge that the SPBS website content is not private and can be reviewed, copied, downloaded and transmitted by anyone with access to the Internet, and that the school has no control over this. I hereby give permission to SPBS to include photos of my child and/or examples of my child's work or projects on the school's website, and in other media related to the school. I hereby waive, release, and forever discharge any and all claims, demands or causes of action against the school and its faculty, staff, employees, agents, contractors and any other person, organization or entity assisting them in connection with the posting of information on the website or published in other media, for damages or injuries in any way related to, connected to or arising from the publishing or posting of information on the school's Internet website or in other media, or the use of that information, and expressly assume the risk of any injury or damage resulting from said posting of information on the website or from publishing in other media.

**6. Consent for use of counseling services at SPBS, through Outreach Concern, Inc., by students:**

I grant permission for my child to use the counseling and/or pupil personnel services provided at SPBS, through Outreach Concern, Inc. I understand that my child may be referred to the SPBS counseling services by him/her self; faculty/staff/administration; and/or parents/guardians. While the primary goal of these counseling and support services is aimed at positively impacting my child's academic success, I understand that students experiencing difficulties with behavior, social/personal problems, as well as academic issues, may be referred for counseling. In addition, I agree that should my child be on "Academic Probation"; qualify for a SAP, STEP, or MAP inclusion program; and/or participate regularly in the SPBS Resource Program, they may automatically be referred to the SPBS counseling services by the school as and additional pupil support service.



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Please cut and return bottom portion to school via the Family Envelope.

**Acceptance**

*Our family has received and read the St. Paschal Baylon School Parent/Student Handbook for the 2011-2012 school year. We are aware of, understand, and agree to follow the policies and procedures stated in it. We understand that this agreement includes any changes of policy published in the SPBS weekly newsletter, "The Bear Paw", and/or sent home in the SPBS Family Envelope during the school year by the school administration. We understand that we may be asked to withdraw our child(ren) from the school, or our child(ren) may not be allowed to return to SPBS the following year, if we fail to fulfill our responsibilities under this agreement. Our signatures below indicate our commitment to fulfill our obligations according to this agreement and consent:*

Father's Signature \_\_\_\_\_ Date: \_\_\_\_\_  
Mother's Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Print family/student names and grades:** Family name \_\_\_\_\_

Student's First Name \_\_\_\_\_ Grade \_\_\_\_ Student's First Name \_\_\_\_\_ Grade \_\_\_\_\_

Student's First Name \_\_\_\_\_ Grade \_\_\_\_ Student's First Name \_\_\_\_\_ Grade \_\_\_\_\_

**Please return this signed form promptly to the school office via the Family Envelope, on or before September 8, 2011.**



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### AGREEMENT AND CONSENT

**7. We understand that Saint Paschal Baylon School (SPBS) is a Catholic/parish school, under the jurisdiction of the Archdiocese of Los Angeles. We accept, therefore:**

- a. That the pastor of the parish is the ex-officio chief administrative officer of the school, who carries out the policies of the Archdiocesan Advisory Board and, on points not covered by Archdiocesan policy, determines policies appropriate to the needs of the school.
- b. That the principal is responsible for the immediate direction and supervision of the school program.

**8. We understand that certain responsibilities require our continuous support if the school is to achieve its above-stated goals. We agree, therefore:**

- a. To participate at Sunday/Saturday Mass each week and to participate in parish activities, so that our children may have a sense of the importance of their faith commitment and the parish community in their lives.
- b. To participate in the SPBS religion program, weekly school Masses, and related activities, as indicated, in order to make the teaching of religion a reality in the lives of our children.
- c. To encourage our children to learn by providing the necessary environment (appropriate space and time) suitable for home study, and to provide outside professional academic enrichment if needed.
- d. To abide by all school and Archdiocesan policies and regulations and to positively accept all disciplinary actions, including withdrawal of our children, for non-compliance with these policies and regulations.
- e. To communicate respectfully with all SPBS personnel at all times, and to communicate to our child(ren) our support of school personnel and policies.
- f. To promptly complete and return all forms and records necessary to comply with school, Archdiocesan, and state regulations.
- g. To participate in school activities and events throughout the school year.

**9. We understand that tuition and fees cover only a part of the total cost of educating our children. We agree, therefore:**

- a. That the obligation to pay all charges for the full academic year is unconditional, and that previously paid tuition and fees will only be refunded upon early withdrawal, as directed by the principal.
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- c. To submit donation envelopes regularly at Sunday/Saturday Mass at St. Paschal Baylon Church (if receiving the supporting parishioners' tuition rate) of at least \$250.00 each school year.
- d. To fulfill our volunteer service obligation of a minimum of forty (40) hours during each school year, as explained in full in the SPBS Parent/Student Handbook.
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- g. To pay the graduation fee requirement during my child's eighth grade year.

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I grant permission for my child to access the Internet and the school's networked computer services. I understand that individuals and families may be held liable for violations. I accept responsibility for guidance of Internet settings and use. I will convey to my child and comply with school and Archdiocesan standards regarding selecting, sharing or exploring information and media on the Internet, as contained in the SPBS Parent/Student Handbook. I will instruct my child to follow all said standards regarding Internet use. I hereby release the school, its personnel, and any institutions with which it is affiliated, from any and all claims and damages of any nature arising from my child's use of, or inability to use, the school system, including but not limited to claims that may arise from the unauthorized use of the system to purchase products/services.

**11. Consent for publication of student work/pictures on the Internet and in other media:**

I understand that from time-to-time the school may wish to publish examples of student projects, photographs of students, and other work on our SPBS Internet accessible World Wide Web server. Student projects, photographs, and other work may therefore be posted on the Internet. Photos of students will not include the students' full name. However, names of students may be published on our SPBS website. I acknowledge that the SPBS website content is not private and can be reviewed, copied, downloaded and transmitted by anyone with access to the Internet, and that the school has no control over this. I hereby give permission to SPBS to include photos of my child and/or examples of my child's work or projects on the school's website, and in other media related to the school. I hereby waive, release, and forever discharge any and all claims, demands or causes of action against the school and its faculty, staff, employees, agents, contractors and any other person, organization or entity assisting them in connection with the posting of information on the website or published in other media, for damages or injuries in any way related to, connected to or arising from the publishing or posting of information on the school's Internet website or in other media, or the use of that information, and expressly assume the risk of any injury or damage resulting from said posting of information on the website or from publishing in other media.

I grant permission for my child to use the counseling and/or pupil personnel services provided at SPBS, through Outreach Concern, Inc. I understand that my child may be referred to the SPBS counseling services by him/herself; faculty/staff/administration; and/or parents/guardians. While the primary goal of these counseling and support services is aimed at positively impacting my child's academic success, I understand that students experiencing difficulties with behavior, social/personal problems, as well as academic issues, may be referred for counseling. In addition, I agree that should my child be on "Academic Probation"; qualify for a SAP, STEP, or MAP inclusion program; and/or participate regularly in the SPBS Resource Program, they may automatically be referred to the SPBS counseling services by the school as and additional pupil support service.



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Please cut and return bottom portion to school via the Family Envelope.

**Acceptance**

*Our family has received and read the St. Paschal Baylon School Parent/Student Handbook for the 2011-12 school year. We are aware of, understand, and agree to follow the policies and procedures stated in it. We understand that this agreement includes any changes of policy published in the SPBS weekly newsletter, "The Bear Paw", and/or sent home in the SPBS Family Envelope during the school year by the school administration.*

*We understand that we may be asked to withdraw our child(ren) from the school, or our child(ren) may not be allowed to return to SPBS the following year, if we fail to fulfill our responsibilities under this agreement. Our signatures below indicate our commitment to fulfill our obligations according to this agreement and consent:*

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

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

**Print family/student names and grades:** Family name \_\_\_\_\_

Student's First Name \_\_\_\_\_ Grade \_\_\_\_\_ Student's First Name \_\_\_\_\_ Grade \_\_\_\_\_

Student's First Name \_\_\_\_\_ Grade \_\_\_\_\_ Student's First Name \_\_\_\_\_ Grade \_\_\_\_\_

**Please return this signed form promptly to the school office via the Family Envelope, on or before September 8, 2011.**