

**SPBS UNIFORM REQUIREMENTS****Boys' Uniform**

Gr. K-3

Gr. 4-5

Gr. 6-8

	Gr. K-3	Gr. 4-5	Gr. 6-8
White Polo – Jersey Knit-with SPBS Logo only	X	X	X
White Long Sleeved Polo Shirt-with SPBS Logo only	X	X	X
Navy Twill Pleated Front Pants	X	X	X
Navy Twill Shorts with Pleated Front	X	X	X
Navy wide-wale Cord Pants	X	X	X
P.E. Clothes with SPBS Logo			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		

Girls' Uniform

Gr. K-3

Gr. 4-5

Gr. 6-8

	Gr. K-3	Gr. 4-5	Gr. 6-8
Hamilton Plaid Jumper	X	X	
Hamilton Plaid Skirt			X
Hamilton Plaid Skort w/tabs			X
White Blouse – Sport Collar	X	X	X
White Over-blouse			X
White Blouse – Butterfly Collar with White Piping	X		
White Polo – Jersey Knit – with or without SPBS Logo			X
White Long Sleeved Polo Shirt- with SPBS Logo only	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			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 it is our expectation that all required SPBS uniform items will be purchased from either Campus and/or Dennis Uniform companies , or from our approved school "Used Uniform" sale.

Campus Uniform Company

1724 Border Avenue

Torrance, CA 90501

Phone: 310-787-1012

Fax: 310-787-1923

(Red/Navy Sweatshirts-Red Jackets)

Dennis Uniform Company

20920 Victory Boulevard

Woodland Hills, CA 91367

Phone: 818-887-5376

Fax: 818-887-2391

www.dennisuniform.com

(Shirts/pants/shorts/skorts/P.E. Uniform)



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: _____



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:

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:

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 (2009-2010)

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.

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 2009-10 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 3, 2009.



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Student's First Name _____ Grade _____ Student's First Name _____ Grade _____

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