

August 11, 2010

Dear Parents,

Enclosed please find very important Back to School forms and a milk envelope for your child. We appreciate your cooperation with returning all these forms back in the envelope provided to your child's teacher by **Friday, August 27**.

- **Parent/Student Handbook Signature Page**  
The Parent Handbook should be read and discussed with your child. Both parent and child should sign the Signature Page stating that you have read and agree to abide by the school's policies and regulations.
- **Emergency Form**  
Please complete for each child. Questions regarding this form should be directed to The Health Office 874-3723.
- **Photographic and Interview Release Form**  
The Diocese of Phoenix requires this form. Please complete for each child.
- **Network/Internet User Agreement**  
Please read and discuss this form with your child. It is required of all students K-8 in order to use the Internet at school, in the classrooms, library and labs.
- **Library Contract**  
Please read, discuss and sign with each of your children in order for them to check out Library books throughout the school year.
- **Annual Milk Sign-up Envelope (Optional)**  
Please complete a separate Milk envelope and write a separate check for each child.

Thank you for all your time and efforts with reading and completing this necessary Back to School paperwork. If you have questions or concerns about any of these forms, please feel free to contact, Doug Collister, Assistant Principal at 874-3725.

# OUR LADY OF PERPETUAL HELP CATHOLIC SCHOOL HANDBOOK

3801 NORTH MILLER ROAD  
SCOTTSDALE, AZ 85251  
(480) 874-3720

The School Handbook and the Student Agenda Planner contain information for parents and students at our Lady of Perpetual Help Catholic School. Our school follows the policies established by the Diocese of Phoenix and all other specific policies and regulations as approved by the school principal.

The handbook has been updated to reflect current changes. Please read the handbook, found in your child's agenda, with your child/children. Each parent and each child needs to sign a separate form stating that they have **read, understand, and agree to abide by the policies and regulations that govern the school.**

Parent and student need to sign the form below and return promptly to their homeroom teacher . These forms are kept on file and are a part of the admission requirements. This form must be signed and returned each year.

Mrs. Donna Lauro, Principal

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I have read the policies and regulations contained in the School Handbook and agree to abide by these and all policies approved by the school and the Diocese of Phoenix for students attending Our Lady of Perpetual Help Catholic School.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
STUDENT SIGNATURE

**AFTER SIGNING, CUT AND RETURN BOTTOM PART OF THIS FORM TO THE SCHOOL OFFICE BY FRIDAY, AUGUST 27, 2010.**

**OUR LADY OF PERPETUAL HELP SCHOOL  
2010 - 2011 EMERGENCY FORM  
480-874-3723**

Name \_\_\_\_\_ DOB \_\_\_\_\_ Home Phone \_\_\_\_\_  
Last First M.I.

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Father's Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Last First (if different from above)

Business # \_\_\_\_\_ Cellular # \_\_\_\_\_ Pager # \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Last First (if different from above)

Business # \_\_\_\_\_ Cellular # \_\_\_\_\_ Pager # \_\_\_\_\_

If divorced, child lives with \_\_\_\_\_ **Joint Custody?** YES or NO (please circle)

**Two LOCAL Emergency Contacts OTHER THAN PARENTS are required**

Contact #1 \_\_\_\_\_ Home Phone \_\_\_\_\_

Business # \_\_\_\_\_ Cellular # \_\_\_\_\_ Pager # \_\_\_\_\_  
Last First

Contact #2 \_\_\_\_\_ Home Phone \_\_\_\_\_

Business # \_\_\_\_\_ Cellular # \_\_\_\_\_ Pager # \_\_\_\_\_  
Last First

Doctor's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Insured's Name \_\_\_\_\_ Group# and ID# \_\_\_\_\_

Hospital Preference \_\_\_\_\_ Insurance Co. \_\_\_\_\_ Phone \_\_\_\_\_

**MEDICAL CONDITIONS & MEDICATIONS**

- ADD/ADHD \_\_\_\_\_
- Allergies \_\_\_\_\_
- Asthma \_\_\_\_\_
- Chronic Sore throat \_\_\_\_\_
- Diabetes \_\_\_\_\_
- Emotional Problems \_\_\_\_\_
- Hearing Problem \_\_\_\_\_
- Heart Murmur \_\_\_\_\_
- Menstrual Cramps \_\_\_\_\_
- Migraines \_\_\_\_\_
- Sinus Trouble \_\_\_\_\_
- Stomach or Bowel Problems \_\_\_\_\_
- Valley Fever \_\_\_\_\_

**OTHER CONDITIONS/MEDICATIONS:**

My son/daughter **MAY NOT** be picked up by \_\_\_\_\_

***In case of injury or sudden illness, I authorize Our Lady of Perpetual Help School to seek medical attention for my son/daughter. I accept responsibility for payment of expenses incurred.***

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

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

***It is the responsibility of the parent/guardian to submit changes in writing to the Health Office immediately. Thank you!***



Roman Catholic Diocese Of Phoenix  
Division of Education and Evangelization  
Catholic Schools Office  
Photographic Release Form

School \_\_\_\_\_

Date \_\_\_\_\_

I hereby grant my consent to use and release to The Catholic Diocese of Phoenix and (name parish/school) \_\_\_\_\_ the use of my name or likeness, whether in still, motion pictures, audio and video tape, my photograph and/or other reproduction of me including my voice and features with or without my name for any promotional purposes involving the diocese or parish/school, news or feature stories in The Catholic Sun or other media including the Internet and/or World Wide Web or other purpose whatsoever, except for the endorsement of any commercial products.

I further agree that The Catholic Diocese of Phoenix and \_\_\_\_\_ (parish/school) may use or cause to be used, these items for any and all broadcasts, publications or reproductions, without limitation or reservation of any fee.

Employee Signature \_\_\_\_\_ Print Name \_\_\_\_\_

School Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Date \_\_\_\_\_

*The purpose of this form is to allow pictures in the yearbook, various brochures, publications, news items, video tapes school events, programs, Internet, World Wide Web, etc.*

## NETWORK/INTERNET USER AGREEMENT

### School Year 10/11

Student Name: \_\_\_\_\_ Homeroom Class: \_\_\_\_\_  
(Please Print)

I understand that using the computer and its access to the World Wide Web in the classroom, in the library and in the computer lab is an educational privilege. I realize that irresponsible use will result in termination of this privilege. I accept the following guidelines for appropriate use:

- I will not use the Internet without permission and supervision.
- I will not visit sites that are not directly related to the class assignment.
- I will observe the rules and laws regarding copyright and plagiarism.
- I will not download files or install software without permission and supervision.
- I will never give out personal information such as my home address, telephone number, or the name and location of my school without my teacher's permission.
- I will not engage in personal contact/conversation with other users through "chat rooms", instant messaging, email, etc.
- I will report to my teacher any information I come across that makes me feel uncomfortable.

Violations may result in the following consequences:

- Loss of Network/Internet access.
- Additional disciplinary action will be administered in line with existing handbook procedures regarding inappropriate material, language or behavior.

I agree to follow any other rules for Internet and computer use that my school has established.

\_\_\_\_\_  
Student's signature

\_\_\_\_\_  
Date

This student has my permission to use the World Wide Web and the Internet in the classroom, computer lab, and the library.

\_\_\_\_\_  
Parent's /Guardian's Signature

\_\_\_\_\_  
Date

# Library Rules Contract

## 1. RESPECT YOURSELF, OTHERS AND THINGS:

To follow this rule everyone is expected to:

- Enter and exit quietly
- Cooperate and share library space and materials.
- Practice self-control.
- Take care of library property: books, magazines, furniture, computers, shelf-markers, etc.

***Books returned late will be assessed a late fine of 10¢ per day. A replacement fee will be charged for damaged or lost books.***

- Show respect to librarian, staff and other students.

## 2. CONTRIBUTE TO THE LEARNING ENVIRONMENT:

To follow this rule everyone is expected to:

- Listen, follow directions and participate positively.
- Raise hand to share ideas or ask questions.
- Use quiet, inside voices during classes, storytimes, when searching for books or when using computers.

## 3. FOLLOW CLASSROOM OPERATING PROCEDURES:

To follow this rule everyone is expected to:

- Be prepared to start and stop on time.
- Return books and magazines on time. ***Remember, fines are assessed for late, damaged or lost materials!***
- No food or drink in the library.
- Always walk in the library.
- Emergency bathroom only.
- Respect and follow all internet and computer use rules as outlined for our school.

I have read and understand the rules to be followed in our OLPH school library. I agree to comply with these rules so that all students can benefit from our library class time. I understand that I will not be allowed to check out books after my first library class until this contract is signed and returned.

**Student signature:** \_\_\_\_\_ **Room #** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_