

August 17, 2009

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 Wednesday, August 28. Also, please email olphs_scottsdale@diocesephoenix.org or call Maria LaFollette at 874-3729 with any address, phone or email changes by August 28 to be included in the school directory and/or to receive school emails.

➤ **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 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 this handbook with your child/children. **Each parent and each child needs to sign this form stating that they have read, and they understand, and agree to abide by the policies and regulations that govern the school.**

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

Sr. Marian Grace, S.C., Principal

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 School.

PARENT/GUARDIAN SIGNATURE

PARENT/GUARDIAN SIGNATURE

AFTER SIGNING, CUT AND RETURN BOTTOM PART OF THIS FORM TO THE SCHOOL OFFICE BY FRIDAY, AUGUST 28, 2009.



Today's 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, or my child's name or likeness, whether in still, motion pictures, audio and video tape, photograph and/or other reproduction including voices and features with or without names 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.

These items may be used without limitation or reservation of any fee.

Minors cannot consent to media interviews or waive their privacy right. These decisions must be made by parents/guardians therefore this release form **must** be signed by parents/guardians when the individual is a minor.

Student Name (Please Print Name)

Address

City

State

Zip

Phone

Signature/Parent/Guardian (if minor)

Please Print Name

Address

City

State

Zip

Phone

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.

OUR LADY OF PERPETUAL HELP SCHOOL
Scottsdale, Arizona
NETWORK/INTERNET USER AGREEMENT
School Year 09/10

Student Name: _____ Computer Class: _____ R or Y
(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:** _____

OUR LADY OF PERPETUAL HELP SCHOOL
2009 - 2010 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 _____
Last First

Business # _____ Cellular # _____ Pager # _____

Contact #2 _____ Home Phone _____
Last First

Business # _____ Cellular # _____ Pager # _____

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!