



## School Policy Agreement

(A signed copy of this agreement must be on file in the Main Office for every scholar.)

*St. Thomas Aquinas Parent and Scholar Handbook* is located online at

<https://imsthomas.org/family-portal/>

There is also a copy to view in the main office.

### AGREEMENT STATEMENT

I verify that I have read the *St. Thomas Aquinas School Student-Parent Handbook*. My child and I agree to comply with all policies as stated in the handbook.

Scholar:

Parent:

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Print Name & Signature

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Print Name & Signature

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Date (mm/dd/yyyy)

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Date (mm/dd/yyyy)

## Attendance Policy

Regular and consistent attendance at school is the biggest indicator of scholar success. Therefore, STA is committed to working with our scholars and parents/guardians to ensure each scholar has a consistent attendance record. Supports can be put in place for scholars who may need them.

STA will follow the Pennsylvania State Department of Education Attendance Guidelines concerning attendance and truancy. The PA School Code makes it mandatory for all children of compulsory school age having a legal residence in Pennsylvania to attend a day school.

**Attendance impacts scholarship eligibility, promotion to the next grade, and high school eligibility.**

### Important Points

- In line with the PA School Code, **all absences will be treated as unlawful until the school receives a written excuse explaining the reason(s) for an absence.**
- Parents/guardians and scholars should submit a written explanation within three (3) calendar days of the absence. Failure to do so will result in the absence being permanently counted as unlawful.
- After three (3) unlawful absences, the parent/guardian will be invited to a **Scholar Attendance Improvement Plan meeting.**
- If parent/guardian does not attend the meeting, and an additional 3 unlawful absences occur, referral to youth services or magisterial court may occur.
- **After 10 consecutive unlawful absences, the scholar will be dropped from the roll.**
- A maximum of ten (10) days of cumulative lawful absences verified by parental notification may be permitted during a school year.

### AGREEMENT STATEMENT

I have read the *Attendance Policy*. I agree to follow the rules contained in this Policy. I understand that if I violate the rules, STA will initiate appropriate actions set forth in this policy.

Scholar:

Parent:

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Print Name & Signature

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Print Name & Signature

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Date (mm/dd/yyyy)

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Date (mm/dd/yyyy)

## Media Release Consent

Your child's safety and security are our priority. All websites and tools used in school have been and will continue to be thoroughly examined by experienced educators. We follow the acceptable use policy for technology as promulgated by the Archdiocese of Philadelphia and included in our student handbook.

### PERMISSION/CONSENT STATEMENT

- I GIVE PERMISSION to have photographs and/or videos of my son/daughter for use by St. Thomas Aquinas. I understand that any photo/video with my child's image would be used solely to publicize school programs or to illustrate educational activities and might be used on the school website, social media, and/or communications.

If you **give permission**, there is NO NEED TO RETURN this form.

- I DO NOT GIVE PERMISSION to have photographs and/or videos of my son/daughter for use by St. Thomas Aquinas. I understand that if my son/daughter have been photographed or recorded in a group or in an activity/event, the school will blur or cover my child's face. I am aware that the school might post images of my child in error and I can notify the school to blur/cover my child's face or take down the post.

If you **do not give permission**, you NEED TO RETURN this form.

Scholar's Full Name:

Parent:

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Print Name & Signature

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Date (mm/dd/yyyy)



## Acceptable Use Policy Agreement

This document contains the Acceptable Use Policy for your use of all computers, software and internet access while at St. Thomas Aquinas School.

### Educational Purpose

Electronic devices are only used for educational purposes.

### Unacceptable Uses:

The following uses of STA electronic devices and network are considered unacceptable:

- Improper use of camera/video options
- Posting personal information
- Accessing another person's account
- Downloading software without permission
- Inappropriate language
- Not respecting privacy
- Plagiarism and copyright infringement
- Inappropriate access to material
- Use of social networking sites

### Personal Responsibility

- When you are using the STA network, it may feel like you can more easily break a rule and not get caught. This is not really true because whenever you do something on a network, you leave little "electronic footprints," so the odds of getting caught are actually greater than they are in the real world.
- The fact that you can do something or think you can do something without being caught does not make it right to do so. Even if you are not caught, there is always one person who will know whether you have done wrong -- and that person is you. Your use of the Internet can be a mirror that will show you what kind of a person you are.

## AGREEMENT STATEMENT

I have read the *Acceptable Use Policy*. I agree to follow the rules contained in this Policy. I understand that if I violate the rules, I will face other disciplinary measures.

Scholar:

Parent:

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Print Name & Signature

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Print Name & Signature

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Date (mm/dd/yyyy)

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Date (mm/dd/yyyy)

## Device Policy Agreement

Chromebook # \_\_\_\_\_

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|--|---|
| <ul style="list-style-type: none"> <li>● I will take good care of my device.</li> <li>● I will never loan out my device to other individuals.</li> <li>● I will charge my device’s battery daily. I understand that it is my responsibility to be prepared for class with a charged device.</li> <li>● I will keep food and beverages away from my device since they may cause damage to the device.</li> <li>● I will not disassemble any part of my device or attempt any repairs.</li> <li>● I will use my device in ways that are appropriate</li> <li>● I will follow the policies outlined in the Device Policy and the Acceptable Use Policy while at school, as well as outside the school day.</li> </ul> | <ul style="list-style-type: none"> <li>● I will not place decorations (such as stickers, markers, etc.) on my device or provided case; I will not deface the serial number device sticker.</li> <li>● I will be responsible for all damage or loss caused by neglect or abuse.</li> <li>● I agree to return the borrowed device, case, and power cords in good working condition.</li> <li>● I understand that it is my responsibility to back my device. If my device needs to be restored and data is not backed up, I understand that loss of data is not the fault of the Technology Department.</li> <li>● I understand that the STA-issued Mobile Device Management Profiles installed on Chromebooks are not to be removed.</li> </ul> |
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Students will receive a device at no cost. The device must be returned at the end of the of school year. The device should be returned in the condition that it was received. If a borrowed device is damaged or if the device is lost or stolen, the borrower will be responsible for the full cost of the device.

### Fee Assessment Chart

Type of Damage	Charge Amount	Type of Damage	Charge Amount
The device will not turn on	\$300	Visible physical/liquid damage	\$150
The device will not charge due to a broken port	\$150	The device is missing keys or has non-working keys	\$50
The device will not charge due to a broken charger	\$50	The device is lightly cracked	\$50
The charger is missing	\$50	The device has a large crack or chipped case	\$150
The device has a very dim or cracked screen	\$300	The device was stolen or missing or otherwise not returned	\$300
The device has physical damage than cannot be fixed	\$300	The device was stolen or is missing or otherwise not returned, but you are able to provide a police report	\$50
The device powers on, by the trackpad won’t scroll or click	\$150		

### AGREEMENT STATEMENT

I agree to the stipulations set forth in the above documents including the Device Policies, Procedures, and Information, the Acceptable Use Policy, and the Student Pledge for Device Use.

\_\_\_\_\_

Scholar Print Name & Signature
Grade
Date (mm/dd/yyyy)

\_\_\_\_\_

Parent/Guardian Print Name & Signature
Date (mm/dd/yyyy)



## Dismissal and Pick up Authorization Form

Scholar Full Name: \_\_\_\_\_  F  M  
 Date of Birth:      /      /      Grade: \_\_\_\_\_  
mm dd yyyy  
 Parent/Guardian Name: \_\_\_\_\_  
 Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_  
 Work Phone Number: \_\_\_\_\_ Alternative Phone Number: \_\_\_\_\_

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

### Dismissal Procedure

Grades PreK to 2nd will be dismissed to a Parent/Guardian, someone authorized by the parents, or aftercare program/ daycare listed on the lines below.

Grades 3rd to 8th will be dismissed to travel independently unless the parent notifies the school otherwise.

### Authorized Pickup

St. Thomas Aquinas Catholic School takes your child’s safety seriously and makes no exceptions or apologies for checking the ID of anyone who comes to the school for a particular student. Please list below all persons you give permission to pick up from school. If they will be regular pickups, we will require identification the first time. If they are an occasional pick up, they will be required to present ID each time. We ask that you inform each other of these persons of these policies.

If you make any additions or changes throughout the year, you will need to come into the office and make those changes on the form; we will not accept phone calls, notes, emails, or fax. We appreciate your understanding of this important policy.

### Authorized Persons to Pick up

Name	Relationship	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I give my child permission to walk home or to ride public transportation (Grades 3-8)

I give my child permission to be picked up by a private transportation/daycare company (All Grades)

Please list the Name of the Transportation/ Daycare Company and Phone Number below.

Company \_\_\_\_\_ Phone Number \_\_\_\_\_



## Student Emergency/Medical Information

First Name: _____	Last Name: _____
DOB: _____	Room/Sec: _____ Grade: _____

Home Address: _____	Home Phone: _____	
Mother: _____	Email: _____ Phone: _____	
Father: _____	Email: _____ Phone: _____	
Guardian: _____	Email: _____ Phone: _____	
<b>Emergency contacts (other than parents) must be local and available for contact:</b>		
Name	Relationship to Scholar	Phone
1. _____	_____	_____
2. _____	_____	_____
Scholar's Doctor/Clinic: _____		Phone: _____
<b>Medical Insurance:</b> <input type="checkbox"/> Medicaid <input type="checkbox"/> CHIP <input type="checkbox"/> Private		
Insurance Company Name: _____		Policy Number: _____

Please <b>MARK</b> below to give permission to the school nurse to give your child medication. <input type="checkbox"/> Acetaminophen (Tylenol) <input type="checkbox"/> Ibuprofen (Advil, Motrin)	Please <b>MARK</b> the following if your child: Wears:    ___ Glasses    ___ Hearing Aid Has:    ___ Seizures    ___ Diabetes    ___ Asthma    ___ ADHD <b>List Allergies:</b> Food substitution requires a new order yearly from a health care provider: _____ <b>Other health problems:</b> _____ _____
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<b>Does your child take medication?</b> ___ NO    ___ YES (please list)			
Medication	Dose	Frequency/Time	Reason

Your signature gives permission for emergency treatment; as well as for STA School Nurse to administer medications you indicate on this emergency form, during school hours, on field trips, and after school activities.

I authorize the school nurse to communicate with my child's health care provider and my health care provider to reply as needed regarding my child's care.

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