

**ST. LOUIS OF FRANCE SCHOOL**  
**SCHOOL POLICY AGREEMENT**  
**2018 - 2019**

My/our responsibilities as parent(s)/guardian(s) of a student(s) in SLFS include the following:

1. Recognize that I/we have a vital part in the faith formation of my/our child(ren)
2. Have an understanding that the SLFS and Parish function as one Community of Faith
3. Uphold the philosophies and policies of the school as stated in the School Handbook (a copy can be found on the school's website ([www.slfschool.org](http://www.slfschool.org)))
4. Attend all General Parent Meetings
5. Attend Parent and Teacher Conferences
6. Be involved as much as possible in School and Parish events
7. Fulfill all financial obligations to the school by the end of May

I understand the terms above and will comply with the outlined requirements.

<b>Parent/Guardian Full Name</b>	<b>Signature</b>	<b>Date</b>

# ST. LOUIS OF FRANCE SCHOOL

## SCHOOL POLICY AGREEMENT

### 2018 - 2019

#### SCHOOL SERVICE PROGRAM AGREEMENT

Thank you for participating in the Parent Service Program. The operation of a great school such as St. Louis of France would not be possible without your dedication and contribution. Your involvement plays a very important role in ensuring that students receive the best possible education.

Each family is responsible to complete 35 hours of service yearly. The hours must be divided into various event.

Event	Minimum Hours Required
Tardeada (October)	4
Crusader Breakfast (Monthly)	4
Day at the Races (TBA)	4
Fiesta Trinidad (Spring)	4
Special Person's Day (TBA)	4
Lenten Fish Fry (Every Friday in Lent)	4

Other opportunities to earn hours

Event
Hot Lunch Program
Room Parents
Yard Duty
Supervision Before School, After School, Recess, Lunch
Christmas Program
Donations of supplies to classroom/school for events: \$25 = 1 hour of service

\*Mandatory Purchase of two tickets per events \*

Each time you participate in a qualifying activity/event, ensure you get a certificate and update your Service Form. Volunteer Forms, available in the school office. All hours must be completed by the end of the year.

**I understand the terms above and will comply with the outlined requirements.**

Parent/Guardian Full Name	Signature	Date

Number of students enrolled: \_\_\_\_\_ Name of Oldest Child: \_\_\_\_\_