



2018-2019

FAMILY NAME: _____

Complete 1 per family and return to school office

Please take a moment to help us with the following information. We are required by the Archdiocesan School System to provide current data. Kindly return this form to us. Complete only **ONE** of the following A, B or C.

- A. Our family is registered at The OLC Parish ___yes ___ no
If no, name the other Parish _____
Our child/rens' ethnic background is African American ____, Asian____, Caucasian____,
Hispanic____, Other (name)_____.

Presently, we have #____child/ren in K – 8 at The OLC School.

We have #____ Pre –K here.

Presently, we have #____child/ren at another school and #__child/ren not yet school age.

- B. Our family is non-Catholic ___yes We are Christian___yes or ___no
Our child/rens' ethnic background is African American ____, Asian____, Caucasian____
Hispanic____, Other (name)_____.

Presently, we have #____child/ren in K – 8 at The OLC School.

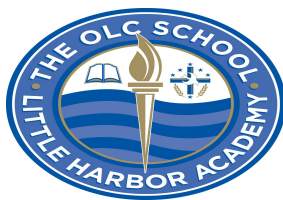
We have #____ Pre –K here.

Presently, we have #____child/ren at another school and #__child/ren not yet school age.

Thank you for helping us gather this required census data. Please return it to the school as soon as possible.

In His Peace,

Mrs. Anna Mae Stefanelli
Principal



Dear Parent/Guardian:

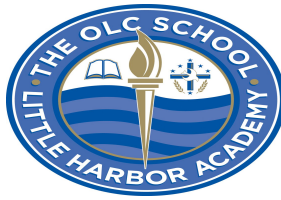
I would like to take this opportunity to remind those with children who need any medication during school hours that a new order must be obtained by the child's physician. Please send in the order along with the medication (label medication with child's name and grade) at the start of the school year. This must be done each new school year. All medication even if a child is on it for a short time or use of medication is for an occasional problem (i.e. – cramps or headaches) must be accompanied with a doctor's order.

By law all medication must be by order of a physician. Do not send in over the counter medication and ask the faculty/staff to administer it. Also a child is not allowed to bring in and take his/her own medication. The only exception to this is a prescribed inhaler for asthma. However, a physician's order for the student to self-administer a dose must be obtained and kept on file in the nurse's office.

Thank you for your continued support and cooperation.

Sincerely,

School Nurse



2018 - 2019

**AUTHORIZATION TO ADMINISTER MEDICATION IN SCHOOL
(To be kept confidential upon completion)**

Name of Student: _____ **Grade:** _____

Dosage: _____ **Frequency:** _____

Special Directions: _____

Possible Side Effects: _____

+++++

I certify that the above information regarding this student is correct, and that administration of the medication to this student is necessary.

(Signature of Prescribing Physician)

(Date)

(Address)

(Phone)

+++++

I/We authorize the school nurse or, in his/her absence, a member of the administrative staff to administer the above medication as indicated. I/We understand and agree that the school, the school nurse and the principal shall not be liable for any injury to the student resulting from the administration of the medication as authorized by my signature below.

(Signature of Parent/Guardian)

Date



MANDATORY
EMERGENCY LOCATING FORM
2018-2019

Student's Name: _____ D.O.B. _____ Grade: _____

Mother's Name: _____ Father's Name: _____

Address: _____ City: _____ Zip _____

Phone # (Home): _____ Mother's Cell : _____

Email Address: _____ Father's Cell: _____

Name, address and phone number of an adult (s) who would assume temporary responsibility of your child in the event of an emergency or your child is sick or injured during school hours. This person is to report to the school office and present proper identification before the child can be released.

Name: _____ Phone: _____
Relationship to child: _____ **OR**

Name: _____ Phone _____
Relationship to child _____

Hospital of Choice: _____ City: _____
Family physician: _____ Phone: _____

I hereby authorize The OLC School to assume responsibility of my child in case of an emergency. The administration and faculty of The OLC School has my permission to contact our family physician to obtain necessary treatment for my child.

Parent's Signature Date

CHILD RELEASE

I release my child to one of the following names in the event either my spouse or I cannot pick up our child after or during the school day. I will notify you in writing and by phone in the event that the information below needs to be changed.

1. _____ 2. _____

3. _____ 4. _____

Once my child has been picked up by the authorized person, I understand that OLC is no longer liable.

***Must be completed before the start of the school year**



CONSENT FORM 2018- 2019

GRADE _____

STUDENT _____

First Name

Last Name

TEACHER _____

PICTURE CONSENT

I give permission for my child's picture to be taken via digital camera/videotape while participating in school activities. I understand these photographs may be used for class projects, newspapers or other publications and are the sole property of the school.

I do consent _____

Parent or Guardian Signature

I do not consent _____

Parent or Guardian Signature

WALKING PERMISSION

During the course of the school year, the children participate in many activities which involve walking.

These activities include monthly services at the church, gym class/activities at the St. Peter's Prep/OLC Athletic field, taking walks/buggy rides or visits to the local fire house, to name a few. These walks take place under the guidance and supervision of the faculty and staff, as well as the administrative team. Your child will need your permission to walk on any of these occasions.

___ Yes, I give my child my permission to participate in all walking activities/buggies rides.

___ No, I do not give my child permission to participate in any walking activities/buggy rides.

___ No, I do not give my child permission to participate in the monthly Prayer Services at OLC Church.

Parent or Guardian Signature

TECHNOLOGY AGREEMENT

I, _____ have read the "Use Agreement for Technology" located on the

Parent Name---Please Print

back of this consent form. I agree and will abide by the terms for computer networking at the OLC School and understand that this access is designed for educational purposes only.

I hereby give my permission for the OLC School to issue an account for _____

Child's Name

Signed _____

Parent or Guardian Signature

Date _____



Use Agreement for Technology

The use of computer services at The OLC School is a privilege, not a right. Students are expected to make responsible, ethical and appropriate choices in the use of computers and information services. Network and computer services include: use of personal and school computers and peripherals, the Internet, campus and/or e-mail and all associated software. Students should realize that these services are finite and costly and that such things as time, money and hardware are wrongfully restricted or appropriated when these services are abused.

The OLC School holds specific expectations for our students at each grade level regarding their use of computers before, during and after school in either their classrooms or computer lab. The following Rules of Conduct apply to the students:

- ❖ May use only their password.
- ❖ May not reconfigure or tamper with the network system in any way or attempt to access or alter files.
- ❖ May not unlawfully copy software or information.
- ❖ May not use illegal software.
- ❖ Must cite properly all information that is required for electronic sources when used for research.
- ❖ Are held responsible for all activity conducted on his/her account or under his/her password.
- ❖ May not run non-instructional computer games on any school-owned computer, server or network.

