

# 2019 - 2020 PARENT/STUDENT CONTRACT

As parent or guardian of \_\_\_\_\_ entering grade \_\_\_\_\_,

I understand and agree to the following:

## PARENTAL COOPERATION

As interested parent(s) or guardian(s), we pledge:

- To encourage and be concerned with my child's church attendance and spiritual development.
- To support the philosophy of the school.
- To support the school faculty, administration, and personnel.
- To meet the Parent-School Involvement (PSI) obligations.

## PERSONAL APPEARANCE

- To abide by the dress and grooming requirements of the school.

## DISCIPLINE

- To support the school in maintaining good social order within the school as stated in the Parent/Student Handbook.
- To acknowledge that our student may be subject to immediate withdrawal from Bishop Montgomery High School for any of the reasons listed in the Parent/Student Handbook.
- To abide by the attendance regulations of the State of California and Bishop Montgomery High School.

## FINANCES

- To pay the school fees and tuition. We will participate in school fundraising activities and complete the PSI obligation (Fall fundraiser \$250.00 per student/PSI 10 hours per semester).
  - In the event that a student who has been registered does not attend the school, we understand that the registration fee will not be refunded.
  - If tuition is not current, my child will not be allowed to take semester exams and may be asked to remain home until tuition is made current.

## PLEASE SIGN BELOW

Signatures of both Student and Parent(s) required.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student

\_\_\_\_\_  
Date

\_\_\_\_\_ The above student is a Roman Catholic and registered at \_\_\_\_\_ parish in the city of \_\_\_\_\_. To receive Bishop Montgomery's Catholic tuition rate, a copy of the student's First Communion certificate should be submitted to Bishop Montgomery's Main Office by Wednesday, May 1.

\_\_\_\_\_ The above student is not Roman Catholic.

# EMERGENCY RELEASE FORM (ERF)

EFFECTIVE JUNE 2019 - JUNE 2020

Student Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Student Address: \_\_\_\_\_ City/Zip \_\_\_\_\_

Student grade (2019-2020 school year): \_\_\_\_\_ Primary phone: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_ Cell: \_\_\_\_\_

This form will be used ONLY in the event of a natural or community disaster that requires the discontinuation of the school day as determined by Bishop Montgomery's administration. In the event of such emergency, Bishop Montgomery will follow your direction with regard to the safe dismissal of your student(s).

**Please number your first, second, and third choice:**

\_\_\_\_\_ My student may sign him/herself out of school and **drive** home.

\_\_\_\_\_ My student may sign him/herself out of school **to carpool** with any of the following student drivers:

1) \_\_\_\_\_ 2) \_\_\_\_\_

3) \_\_\_\_\_ 4) \_\_\_\_\_

\_\_\_\_\_ My student may sign out of school and **walk** home.

\_\_\_\_\_ My student may sign out of school and walk to the residence of the following person:

\_\_\_\_\_ Relationship: \_\_\_\_\_

\_\_\_\_\_ My student may sign out of school and ride the city transit or Bishop Montgomery private bus (if enrolled in this service) home.

\_\_\_\_\_ My student may be released to one of the following individuals:

1) \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

2) \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

3) \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

If you have chosen the option of releasing your student to a designated individual, please make it a top priority to notify the individual.

Please remember that our phone lines must be kept open for emergency personnel and services. Please do not call the school unless necessary.

I hereby release Bishop Montgomery High School from any liability once my student is dismissed in accordance with the above requests.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**Please notify the Attendance Office immediately of any changes.**