Permission to be Photographed/Videotaped
____ I consent to my child’s participation    ____ I DO NOT consent to my child’s participation

I (we) have read and agree to be governed by the procedures and policies stated in the Handbook.

Parent or Guardian   (1) __________________________________________________________ (1) ______________________
              Parent Name (Please Print)                  Parent Signature
              ______________________________
(2) ____________________________________________ (2) ______________________
              Parent Name (Please Print)                  Parent Signature

I (we) have read the Handbook and I (we) agree to be governed by the procedures and policies stated in the Handbook.

Student(s) Name
(1) ______________________________

(2) ______________________________

(3) ______________________________

(4) ______________________________

Date Signed ___________________________

Grade School Failure to comply with the policies and procedures stated in the Handbook may result in dismissal from St. Joseph.

Please return this form to your homeroom teacher the first day of school.
St. Joseph Grade School Student Emergency Contact Form

School Year _____ Grade ____ Teacher ____________ Bus# _____ Walker ____

Student Name _______________________________________ DOB _____________
   (Last Name)   (First Name)
Mailing Address ______________________________________ City __________ Zip ______

Father’s Name ___________________________ Address __________________________
   (same as student write SAME)
Father’s Employer _______________________ Cell _____________________________
Father’s Email ______________________________

Mother’s Name ___________________________ Address __________________________
   (same as student write Same)
Mother’s Employer _________________________ Cell _____________________________
Mother’s Email ______________________________

Guardian’s Name ___________________________ Address __________________________
   (if same as student write SAME)
Cell ___________ Work # ___________ Email ________________________________

Home Situation (check all that apply) ___ Two Parents ___ One Parent ___ Parents separated/divorced
   ___ Mother/Stepfather ___ Father/remarried ___ Mother remarried
   ___ Stepmother/Father ___ Other ______________________________

Paternal Grandparent’s Name _______________________ Email _______________________
Maternal Grandparent’s Name _______________________ Email _______________________

Other Children  Name ________________School ____________ Grade____
   Name ________________School ____________ Grade____

The following person(s) may be contacted in CASE of EMERGENCY and /or may pick up my
child from St. Joseph Grade School:
Name_______________________Relation_____________________Cell___________
Name_______________________Relation_____________________Cell___________
Name_______________________Relation_____________________Cell___________

Signature__________________________________________Date____________
   (Parent/Guardian)
Technology Acceptable Use Agreement for Students*

I/We, the undersigned parent(s)/guardian(s), have read, understand, and agree to abide by the provisions of the Technology Acceptable Use Policy, as published in the school policy handbook. I/We further acknowledge and accept responsibility for any violation of this policy made by my/our child/children. Any violation of this policy will or may result in suspension of internet/technology privileges and will incur disciplinary action as stated in the local school disciplinary code.

If technology is used in the Pre-Kindergarten classes then parents and students, to the degree the students understand, have to be informed of this policy and the parent/guardian must sign the student form.

STUDENTS IN GRADES K-12

Date ___________  Parent/Guardian Signature __________________________________________________________

Date ___________  Parent/Guardian Signature __________________________________________________________

I, undersigned student, have read, understand, and agree to abide by the provisions of the Technology Acceptable Use Policy as published in the school handbook.

Date ___________  Student __________________________________________________________

Any student who cannot print or write their name may be excluded from signing this form. This refers especially to pre-Kindergarten and kindergarten students.

*Signature on student handbook that includes the Diocesan Technology Acceptable Use Policy will suffice. (This statement is being excluded from the document)