



INCARNATE WORD ACADEMY  
**STUDENT – PARENT HANDBOOK 2019-2020**  
**ACKNOWLEDGEMENT & AGREEMENT FORM**

The 2019-20 *Incarnate Word Academy Parent-Student Handbook*, which contains the school policies and procedures is located on the school website, [www.incarnateword.org](http://www.incarnateword.org) and will also be accessible on your NetClassroom account. Please review the handbook with your daughter, and sign and return this form by **July 26, 2019**. Failure to sign or return this form does not affect the student's responsibility to act in accordance with the policies outlined in the handbook.

We have read and understand, and hereby agree, that the *Handbook* contains the policies and procedures for Incarnate Word Academy students and their parents or guardians. We further agree to the terms and conditions of the *Handbook* and, for in consideration of the student's attendance at Incarnate Word Academy as a student, we further agree to be bound by all the terms, conditions, and disciplinary rules contained in the *Handbook*.

This form may be signed in counterparts and may be delivered by facsimile or other electronic means, each of which may be deemed an original, and all of which together constitute one and the same agreement.

**\*Parent/Guardian (at least one) and student must BOTH sign.**

**Date:**

\_\_\_\_\_

\_\_\_\_\_  
(Parent/Guardian Signature - First, Middle, and Last Name)

\_\_\_\_\_  
(Name Printed)

**Date:** \_\_\_\_\_

\_\_\_\_\_  
(Parent/Guardian Signature - First, Middle, and Last Name)

\_\_\_\_\_  
(Name Printed)

**Date:** \_\_\_\_\_

\_\_\_\_\_  
(Student Signature - First, Middle, and Last Name)

\_\_\_\_\_  
(Student Name Printed)

## TECHNOLOGY USER AGREEMENT and PARENT PERMISSION FORM

As a parent/guardian and student of ***Incarnate Word Academy***, we have read the information on the appropriate use of technology at school and the appropriate use of electronic communication, and we understand this agreement will be kept on file for the 2019-2020 school year.

Whether occurring within or outside of school, when a student's use of electronic communication jeopardizes the safe environment of the school or is contrary to Gospel values, the student can be subject to the full range of disciplinary consequences including expulsion.

This policy applies to communications or depictions through e-mail, text messages, blogs, twitters, or web site postings, whether they occur through the school's equipment or connectivity resources or through private communication.

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\_\_\_\_\_  
Print Student Name

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature - First, Middle, and Last Name

\_\_\_\_\_  
Parent Signature - First, Middle, and Last Name

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## Media Release Form 2019 -2020

Incarnate Word Academy and its affiliates often use photographs and video images of students, faculty and staff in publications, media, public relations, fundraising and recruiting material.

**(Initial one ONLY):**

\_\_\_\_\_  
We consent and give permission to Incarnate Word Academy and its affiliates to use photographs/and or video images of our daughter in publications, media, public relations, fundraising and recruiting material.

OR

\_\_\_\_\_  
We do **NOT** want our daughter's image to be used in publications or any other media.

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## Parental Rights Information 2019-2020

Incarnate Word Academy conforms to the appropriate court orders governing rights and duties of parents in regard to their child(ren). Divorced and/or separated parents are required to file with Incarnate Word Academy certified copies of the most recent court orders together with all amendments, modifications and supplements. Parents are to ensure that Incarnate Word Academy has a complete and unaltered set of certified copies of the applicable court orders.

**(Initial one ONLY):**

No - There are no court orders on file governing parental rights and duties.

\_\_\_\_\_  
OR

\_\_\_\_\_  
Yes - There are court orders on file governing parental rights and duties. I will provide Incarnate Word Academy certified copies of the most recent court orders together with all amendments, modifications, and supplements.



# Incarnate Word Academy

## 2019-20 TB Questionnaire

Name of child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Organization administering questionnaire Incarnate Word Academy Date: \_\_\_\_\_

Tuberculosis (TB) is a disease caused by TB germs and is usually transmitted by an adult person with active TB lung disease. It is spread to another person by coughing or sneezing TB germs into the air. These germs may be breathed in by a person. Adults who have active TB disease usually have many of the following symptoms: cough for more than two weeks duration, loss of appetite, weight loss of ten or more pounds over a short period of time, fever, chills and night sweats.

A person can have TB germs in his or her body but not have active TB disease (this is called latent TB infection or LTBI).

Tuberculosis is preventable and treatable. TB skin testing (often called the PPD or Mantoux test) is used to see if you have been infected with TB germs. NO vaccine is recommended for use in the United States to prevent tuberculosis. The skin test is not a vaccination against TB.

We need your help to find out if you have been exposed to tuberculosis. All information obtained herein will be kept in strict confidence.

Place a mark under the appropriate box:	Yes	No	Don't Know
TB can cause fever of long duration, unexplained weight loss, a bad cough (lasting over two weeks), or coughing up blood. As far as you know: <ul style="list-style-type: none"><li>• Has your child been around anyone with any of these symptoms or problems? Or</li><li>• Has your child had any of these symptoms or problems? Or</li><li>• Has your child been around anyone sick with TB?</li></ul>			
Was your child born in or has your child traveled in the past year to Mexico or any other country in Latin America, the Caribbean, Africa, Eastern Europe or Asia for longer than 3 weeks? If so specify which country/countries? _____			
To your knowledge, has your child spent time (longer than 3 weeks) with anyone who is/has been an intravenous (IV) drug user, HIV-infected, in jail or prison or recently came to the United States from another country?			

Has your child ever been tested for TB? Yes \_\_\_\_\_ (if yes, specify date: \_\_\_\_\_) No \_\_\_\_\_

*This form may be signed in counterparts and may be delivered by facsimile or other electronic means, each of which may be deemed an original, and all of which together constitute one and the same agreement.*

\_\_\_\_\_  
Signature Date

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### For Physician use only.

\_\_\_\_\_ was seen on \_\_\_\_\_  
Name Date

Is follow up needed? Yes No

Physician \_\_\_\_\_  
Signature Printed Name

Phone number \_\_\_\_\_  
City, State, Zip \_\_\_\_\_