

#### **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, <a href="www.incarnateword.org">www.incarnateword.org</a> 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.

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.

Print Student Name	Grade	Date
Student Signature - First, Middle, and Last Name	Parent Signa	ture - First, Middle, and Last Name
Media Rele	ease Form 201	9 -2020
Incarnate Word Academy and its affiliates of faculty and staff in publications, media, publications		
(Initial <u>one</u> ONLY):		
•	deo images of our	e Word Academy and its affiliates to daughter in publications, media, sterial.
OR		
We do <u>NOT</u> want our daug media.	hter's image to be	used in publications or any other

## **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.

Word	•	has a complete and unaltered set of certified copies of the applicable court
(Initi	al <u>one</u> ON	ILY): 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.



### Student Emergency Form (2019-2020)

Student Name:							
Last	First	Middle					
Birth Date:		Year: Fr	/ So	/ Jr	/ Sr		
Address:		_ City/State/Zip:_					
Student Cell Phone:		Home Phone:					
<b>Emergency Contact Information</b>							
Mother: Name		Cell Phone					
Employer							
Employer Address							
Street			City	State	Zip Code		
Father: Name		Cell Phone _					
Employer							
Employer Address							
Street		•	City	State			
List person(s) to be contacted in case of en	nergency when	parent/guardian o	cannot be	reached.			
<u>Name</u>	]	Phone Number		Relatio	nship		
City/State/Zip:Name of Insurance Policy HolderPolicy Holder's Employer		_ Date of Birth _					
Employer's Complete Address		<del>-</del>					
Policy Holder's SS# Group							
Insurance Plan: HMO PPO N/A							
Health Information List any health conditions such as heart diseasor ear problems, or any chronic conditions: List medications being taken:	ase, diabetes, ep	ilepsy, severe alle	rgies, aller	gies to me			
Food Allergies							
Doctor Name:		Office Phone #:					
Preferred Hospital: Hospital Name	Addres	S	Ph	one#			
I, the undersigned, do hereby authorize school administration to emergency, I authorize school administration to have my daught treatment and to contact my daughter's physician and one of the personnel providing treatment. I agree to be solely responsible for indemnify Incarnate Word Academy and any other of their offic losses or expenses arising from personal injury, death, or loss of	o render first aid for illn ter transported to the no persons listed above. I for the payment of all ex- ters, agents, employees	ness or injury to my daught earest hospital/emergency further authorize the relea expenses incurred in such a sor representatives ("Relea	ter named above care center for ase of the above an emergency. I cased Parties")	re. In the event emergency me e medical infor- do hereby rele from any and a	of a medical dical or surgical mation to all medic ase, hold harmless Il liability, claims,		

nearest hospital/emergency care center. This form may be signed in counterparts and may be delivered by facsimile or other electronic means, each of which may be

Parent Signature (First, Middle, and Last Name): \_\_\_\_\_\_ Date: \_\_\_\_\_

deemed an original, and all of which together constitute one and the same agreement.

# **Incarnate Word Academy**

## 2019-20 TB Questionnaire

Name of child:	Date of Birth:	:		
Organization administering questionnaire Incarna	te Word Academy	Date:		
Tuberculosis (TB) is a disease caused by TB germs and is usuall spread to another person by coughing or sneezing TB germs in Adults who have active TB disease usually have many of the for appetite, weight loss of ten or more pounds over a short period	nto the air. These germs may bollowing symptoms: cough for	e breathed in more than tw	by a pers	son.
person can have TB germs in his or her body but not have a	ctive TB disease (this is called	latent TB infec	tion or L	ТВІ).
uberculosis is preventable and treatable. TB skin testing (often fected with TB germs. NO vaccine is recommended for use in accination against TB.			-	
Ve need your help to find out if you have been exposed to tu onfidence.	perculosis. All information obt	tained herein v	will be ke	ept in strict
Place a mark under the appropriate box:		Yes	No	Don't Know
TB can cause fever of long duration, unexplained we over two weeks), or coughing up blood. As far as yo  Has your child been around anyone with any of  Has your child had any of these symptoms or po  Has your child been around anyone sick with TE  Was your child born in or has your child traveled in other country in Latin America, the Caribbean, Afric longer than 3 weeks?  If so specify which country/countries?	u know: these symptoms or problems roblems? Or 3? the past year to Mexico or any	s? Or		
To your knowledge, has your child spent time (longe is/has been an intravenous (IV) drug user, HIV-infect came to the United States from another country?				
las your child ever been tested for TB? Yes	(if yes, specify date:	) No	_	
his form may be signed in counte <mark>rparts a<mark>nd m</mark>ay be delivere e deemed an original, and all of which togeth<mark>er c</mark>onstitute o</mark>			ach of wh	hich may
Signature		Date		_
**************************************	·***********	*********** <del>*</del>	*****	******
	wa	is seen on		5.
Name Is follow up needed? Yes No				Date
Physician				
Signature		Printed Na	me	
Phone number	<del>-</del>			
City . State. Zip				