

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 Signature - First, Middle, and Last Name

Media Release Form 2020 -2021

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.

Parental Rights Information 2020-2021

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

Student Emergency Form (2020-2021)

Student Name: _____
Last First Middle

Birth Date: _____ Year: Fr ____ / So ____ / Jr ____ / Sr ____

Address: _____ City/State/Zip: _____

Student Cell Phone: _____ Home Phone: _____

Emergency Contact Information

Mother: Name _____ Cell Phone _____

Employer _____ Work Phone _____

Employer Address _____
Street City State Zip Code

Father: Name _____ Cell Phone _____

Employer _____ Work Phone _____

Employer Address _____
Street City State Zip Code

List person(s) to be contacted in case of emergency when parent/guardian cannot be reached.

Name Phone Number Relationship

Private (Primary) Insurance Information

Ins. Co. Name _____ Pre-authorization Phone # _____

Insurance Company Address _____

City/State/Zip: _____

Name of Insurance Policy Holder _____ Date of Birth _____

Policy Holder's Employer _____

Employer's Complete Address _____

Policy Holder's SS# _____ Group # _____ Policy # _____ ID/other # _____

Insurance Plan: ___ HMO ___ PPO ___ N/A My daughter is covered by the above policy: ___ Yes ___ No.

Health Information

List any health conditions such as heart disease, diabetes, epilepsy, severe allergies, allergies to medications, eye or ear problems, or any chronic conditions:

List medications being taken: _____

Food Allergies

Doctor Name: _____ Office Phone #: _____

Preferred Hospital: _____
Hospital Name Address Phone#

I, the undersigned, do hereby authorize school administration to render first aid for illness or injury to my daughter named above. In the event of a medical emergency, I authorize school administration to have my daughter transported to the nearest hospital/emergency care center for emergency medical or surgical treatment and to contact my daughter's physician and one of the persons listed above. I further authorize the release of the above medical information to all medical personnel providing treatment. I agree to be solely responsible for the payment of all expenses incurred in such an emergency. I do hereby release, hold harmless and indemnify Incarnate Word Academy and any other of their officers, agents, employees or representatives ("Released Parties") from any and all liability, claims, losses or expenses arising from personal injury, death, or loss of or damage to property arising from any medical treatment received and/or transportation to the 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 deemed an original, and all of which together constitute one and the same agreement.

Parent Signature (First, Middle, and Last Name): _____ **Date:** _____

Incarnate Word Academy

2020-21 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"> • Has your child been around anyone with any of these symptoms or problems? Or • Has your child had any of these symptoms or problems? Or • Has your child been around anyone sick with TB? 			
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 ___

Has your child ever had a positive skin test? 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

For Physician use only - (Must be a practicing physician/provider in the state of Texas per Texas Department of State Health Services guidelines)

_____ was seen on _____

Name

Date

PPD administered No ___ Yes ___ If YES: _____

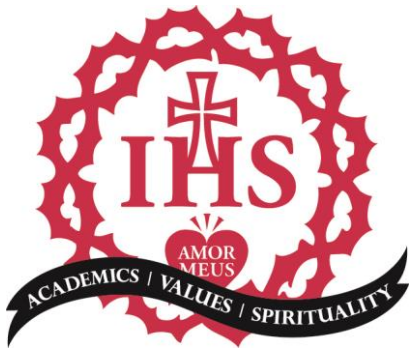
Date administered: ___/___/___ Date Read: ___/___/___ Result of PPD test: _____ mm response

PPD Provider Signature _____ Printed Name _____

City: _____ County: _____

Type of service provider (i.e. school, Health Steps, other clinics) _____

If positive, referral to physician No ___ Yes ___ If yes, name of provider _____



Incarnate Word Academy

Catholic High School for Young Women Since 1873

Field Trip Permission

Destination: Field Trips within Downtown Houston during the 2020-2021 school year.

Method of Transportation: Walk under the supervision of Incarnate Word Academy faculty and/or staff.

Date: 2020-2021 School Year

Instructions to Students:

By signing this form, I/we _____ certify that I/we request and give permission
(Parent or Guardian)

for _____ to go to on this Field Trip.
(Student)

I/we have given the instructions required above, and I/we release and save harmless Incarnate Word Academy and any and all of its employees from any and all liability for any and all harm arising to my/our daughter as a result of this trip, and waive any claims against them.

(Signature of Parent or Guardian)

Emergency Information

Parent/Guardian Name

Phone

Medical Ins. Carrier

Doctor's Name

Phone

Policy #

Preferred Hospital

Phone

I/we give permission for _____ to be transported by ambulance and/or to be treated in the event of a medical emergency.

(Signature of Parent or Guardian)

SCHOOL NAME

DATE

ARCHDIOCESE OF GALVESTON HOUSTON

ANNUAL INCOME ELIGIBILITY PARENT SURVEY
Erate Funding Year 23 - 2020-2021

RETURN IN A SEALED ENVELOPE TO SCHOOL PRINCIPAL

Please complete and return the survey below. In order for this survey to be considered a valid measure, the survey must be returned to the principal even if your income does not meet any of the criteria. The purpose of this survey is to collect data that will be used to determine the school's federal funding allocation. Use the chart below to find your family size. Family size may include a foster child, an emancipated youth or a special education student over age 18. If you are paid on a weekly or monthly basis, please multiply that amount by the number of weeks or months actually worked each year to determine your "Annual Gross Income."

PLEASE CIRCLE HOUSEHOLD SIZE IN TABLE BELOW:

Table with 6 columns: Household Size, Annual, Month, Twice Per Month, Every Two Weeks, Week. Rows include household sizes 1 through 8 and an additional row for 'For each additional family member, add:'.

Please circle your answer

- 1. If your family income is the same or less than the amount shown on the chart beside your family size, circle yes. If more than the amount shown, circle NO and move to the bottom portion. YES NO
2. Is your family eligible for food stamps? YES NO
3. Are you receiving public assistance? Food stamps, or TANF (formerly AFDC) YES NO
4. Are any of your children eligible for the "Medicaid" program? YES NO
5. Are you receiving full scholarship based on need for your child/children? YES NO
6. Are you receiving free or reduced tuition for your child/children? YES NO
7. Does your family live in a housing project or have poor housing conditions? YES NO
8. Do you have an unusual financial burden? If yes, please explain: (If necessary use back of page) YES NO

FAMILY NAME (PRINT): _____

FAMILY ADDRESS: _____

PUBLIC SCHOOL DISTRICT IN WHICH YOU RESIDE: _____

List the name of all school age children living in your home, including which school they attend and their grade level.

Table with 3 columns: NAME OF CHILD, NAME OF SCHOOL, GRADE LEVEL. Multiple empty rows for data entry.