

**St. Pius X Catholic High School
 Student/Family Handbook, Student Honor Code, and
 SPX Families in Action Pledge Against Substance Usage
 Acknowledgement & Agreement
 2024-2025 School Year**

In order to ensure that students and their families are familiar with the philosophy, rules, regulations, and policies of St. Pius X Catholic High School & the Archdiocese of Atlanta, we ask that students and parents or guardians please read and review this 2024-2025 *St. Pius X Student/Family Handbook*, the SPX Families in Action Pledge Against Substance Usage, and the St. Pius X Student Honor Code Booklet (all included as part of the Handbook).

This Acknowledgement Form states that you as students and parents or guardians of students agree, as a condition of admission to and enrollment at St. Pius X Catholic High School, to abide by all of the policies of this handbook and all governing administrative regulations of St. Pius X Catholic High School and the Archdiocese of Atlanta in effect at the time of admission, or as amended, for the duration of enrollment of the student.

*Please print and complete **ALL** required forms in this packet for **EACH** student attending St. Pius X. All signed forms are to be returned via this **LINK** or in person by Friday, **August 9, 2024**.*

Student Name (Please Print): & Student ID Number	
Student Signature:	Date:
Student Grade Level:	
Parent or Guardian Name (Please Print):	
Parent or Guardian Signature:	Date:

See SPX Family Pledge in the Student Handbook

All official school documents must be returned to the school by the due date posted above in order to avoid disciplinary penalties.

ARCHDIOCESE OF ATLANTA
STUDENT SUBSTANCE ABUSE POLICY
PARENT/STUDENT ACKNOWLEDGMENT FORM

It is a part of the Archdiocese of Atlanta's commitment to safeguard the health of its students and to provide a safe place for its students to learn and to grow. The Archdiocese of Atlanta is committed to preventing the use and/or presence of these substances in its school or on its property and to encouraging its students to say "no" to drugs and alcohol.

I/We the undersigned parent(s) or legal guardian(s) of _____ hereby acknowledge that the Archdiocese of Atlanta's Substance Abuse Policy has been reviewed and explained to me/us and that I/we have received a copy of the written policy statement.

We further acknowledge the following:

1. That I/we have been notified that the unlawful manufacture, distribution, dispensation, possession or use of alcohol, drugs, or other controlled substances is prohibited on school property or during any school sponsored activity and that violation of these prohibitions will subject my/our child to rehabilitation referral and/or discipline up to and including expulsion.
2. I/we understand that as a condition of continued enrollment, my/our child will abide by the Archdiocese of Atlanta's Substance Abuse Policy, including the provision for random testing of all students. It is agreed and understood that if my/our child fails the drug and/or alcohol test by testing positive, s/he will be referred to counseling/rehabilitation or a substance abuse assistance program at my/our own expense, and/or disciplined in accordance with the school's policy up to and including expulsion. Any refusal to be referred to counseling/rehabilitation will result in immediate suspension pending a disciplinary review committee review. I/we further acknowledge and agree that if my/our child fails a second or follow-up drug and/or alcohol test, that s/he will be subject to grounds for immediate expulsion. Also, it is agreed that if my/our child is convicted of a violation of a criminal drug statute, I/we will notify the school within five (5) days of conviction.

I/We the undersigned parent(s) or legal guardian(s) understand and agree to the above terms and conditions of attendance at **St. Pius X Catholic High School**.

Student's Name _____ (Please Print) _____ Student Signature _____ Date

Parent/Legal Guardian Signature _____
Date

Student ID#: _____

ARCHDIOCESE OF ATLANTA
STUDENT SUBSTANCE ABUSE POLICY
CHEMICAL SCREENING CONSENT AND RELEASE FORM

Student Name

Social Security No.
(last four digits)

Date

Street Address

City, State, Zip Code

Telephone No.

I/We the undersigned parent(s) or legal guardian(s) of _____ hereby acknowledge that I/we have been informed of The Archdiocese of Atlanta Substance Abuse Policy and agree on behalf of our child to be bound by this policy for purposes of his/her enrollment and/or continued attendance at any archdiocesan high school for the duration of our student(s)' enrollment at said school. I/we also hereby state that, to the best of our knowledge, our child is not a user of controlled substances.

I/we, as the parent(s) or legal guardian(s) of the minor child, understand and consent freely and voluntarily to the school's request for a urine or other specimen or sample from our minor child, if and when such request is made. I/we further state that consent given herein is valid for the duration of our student(s)' enrollment at St. Pius X Catholic High School and that further notice or consent is waived.

I/we hereby release and hold harmless the school, the Archdiocese of Atlanta, the medical review officer or other medical professionals, the laboratory, their employees, agents and contractors from any liability arising from this request to furnish this or any specimen or sample, the testing of the specimen or sample, and any decisions made concerning our child's continued attendance at an archdiocesan high school, based upon the results of the tests. I/we, as parent(s) or legal guardian(s) and on behalf of our child, consent to allow the laboratory, hospital, medical review officer or other medical professional to perform appropriate chemical tests for the presence of alcohol, drugs or other controlled substances. I/we give permission to any laboratory, hospital, medical review officer or other medical professional to release the results of these tests to the school and release any such designated institution or person from any liability whatsoever arising from the release of this information.

Parent/Legal Guardian Signature

Date

Student's Signature

Date

Student ID#: _____

PARENT PERMISSION SLIP FOR ANNUAL CLASS PILGRIMAGE PARTICIPATION

Student First Name _____ Student Last Name _____

Student ID Number _____

Please mark the appropriate Annual Class Pilgrimage and make a note on your home calendar

	Class of 2028 Pilgrimage (Freshmen)	October 1, 2024
	Class of 2027 Pilgrimage (Sophomores)	February 4, 2025
	Class of 2026 Pilgrimage (Juniors)	November 7, 2024
	Class of 2025 Pilgrimage (Seniors)	April 29, 2025

Dear Parent or Legal Guardian: Your son/daughter/guardianship, will participate in their annual Class Pilgrimage that requires transportation to an offsite location. This activity will take place under the guidance and supervision of the Campus Ministry team as well as employees/volunteers of St. Pius X Catholic High School.

Time of Departure: Regular school drop off Time of Return: By the end of the school day

Attire: Class/SPX t-shirt, comfortable clothes & shoes according to the out-of-uniform policy as stated in the student handbook and as communicated by Campus Ministry

Method of Transportation: Motor Coach Buses

Medical Information: My student, as listed above, has the following medical problems of which you need to be aware during the **Annual Class Pilgrimage** and will be on the following medication during the activity (list medical information and medications here):

Medical Emergency Release

In case of a medical emergency, I understand that every effort will be made to contact the parents or guardians of the participant. If I cannot be reached, I hereby permit the medical professionals selected by the director to hospitalize, secure treatment for, and order injection, anesthesia, or surgery for my child.

Liability Release

Please complete, sign, and return the following statement of consent and release of liability. As the parent or legal guardian, you remain fully responsible for any legal responsibility that may result from any personal actions taken by the named student.

CONSENT

I hereby consent to participation by my student as listed above for the Annual Class Pilgrimage. I understand that this event will take place away from the school grounds and that my child will be under the supervision of the designated school employee/volunteer on the stated dates. I further consent to the conditions stated above on participation in this event, including the method of transportation.

I hereby waive and release any claim against the school authorities for any injuries suffered by my child during such trip whether caused by the negligence of the designated supervisor or otherwise. In the event of an injury suffered during the transportation to and from the site, I agree to look solely to the insurance carrier providing insurance on the transporting vehicle for compensation.

Signature of Parent/Guardian: _____ Date: _____

Printed Name of Parent/Guardian: _____

Emergency Numbers: _____

Students MUST be properly attired for the Annual Class Pilgrimage as communicated by the Campus Ministry team.

MEDIA RELEASE FORM

ST. PIUS X CATHOLIC HIGH SCHOOL
2674 Johnson Road, NE, Atlanta, Georgia 30345

St. Pius X Catholic High School has active promotion and development programs. Students may be photographed and/or interviewed for *The Georgia Bulletin*, *The Atlanta Journal-Constitution* or other print, radio, television or electronic media. These photographs or interviews may appear in school, area, or national media. It is imperative that our records indicate your specific wish regarding your child in this very sensitive area. No images will be identified by the media or used for promotional purposes without your consent. This does not include photographs, such as crowd shots, taken during events where the public is invited. St. Pius X also reserves the right to use the images for alumni purposes after your student has graduated. Please note that this release is for your student's entire time at St. Pius X.

Please check one.

_____ I give my consent for my child to appear in any publication, film, interview, web site or videotape of which St. Pius X is aware (**preferred**).

_____ I do not wish for my child to appear in or be photographed in any publication, film, interview, web site or videotape of which the school is aware. **This does not include the yearbook or school publications.**

I release and relieve St. Pius X Catholic High School and the Archdiocese of Atlanta from any responsibility or liability for any claims arising from the publication or reproduction of any photographs or interviews in any news or other media.

I waive any and all right to inspect or approve the finished photographs or printed matter that may be used in conjunction with any photograph, or to approve the eventual use for which it may be applied.

I understand that the photography or interview is being done with the knowledge and approval of St. Pius X Catholic High School, and that a signed release form is on file for every individual who is photographed or interviewed by the media.

Student ID#: _____

Student Name (Print or Type)

Parent (or Guardian) Name (Print or Type)

Parent (or Guardian) Signature

Date

THE CATHOLIC ARCHDIOCESE OF ATLANTA
2401 Lake Park Drive, S.E., Smyrna, Georgia 30080