



2026-2027

PARENT AND STUDENT AGREEMENTS

*Please print the following required signature documents. One form must be completed by/for **each student** in your family and returned to his/her homeroom teacher.*

- 1) Media Release Form; Technological Policies
Acknowledgment Form
- 2) Diocesan Universal Field Trip Permission Slip



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One form must be completed by/for each student.

MEDIA RELEASE FORM

Frequently we have the opportunity to feature our students and their talents in press releases and written articles, printed publications for widespread distribution, video productions (for internal or public viewing), radio and/or television tapings, and on our school website.

I hereby grant St. Anne Catholic School the right to obtain my child’s photograph and to use it as appropriate in printed publications. Additionally, I give permission for my child’s digitized image, video, and/or voice recording to be used for educational or promotional purposes.

Student Signature

Parent Signature

TECHNOLOGICAL POLICIES ACKNOWLEDGEMENT FORM

By signing this *Technological Policies Acknowledgement Form*, I confirm that I have read, reviewed, and understand the contents of the following St. Anne Catholic School policies: ***Internet and Classroom Computer Acceptable Use Policy***, ***iPad and Chromebook Responsible Use Policy***, and ***Personal Electronic Device Policy for Students***, which are found in the Parent-Student Handbook.

I understand and will abide by the terms and conditions of the Internet and Classroom Computer Acceptable Use Agreement, iPad and Chromebook Responsible Use Policy, and the Personal Electronic Device Policy for Students, and I will use technological resources for appropriate purposes only. I understand that these policies are meant to provide guidance for responsible, ethical use of devices, other technologies and my behavior but are not an exhaustive list of possible violations. I also understand that questionable behaviors actions will be judged by school administrators using the intent of the St. Anne Parent-Student Handbook and said policies as a guide. Should I commit any violation, I am subject to consequences of the school and state and federal law.

Student Signature

Parent Signature

UNIVERSAL FIELD TRIP
AND/OR YOUTH ACTIVITY RELEASE FORM

Assumption of Risk, Hold Harmless and Indemnity Agreement

Name of Youth: _____
Parish/School: **St. Anne Catholic School, 375 N.11th Street, Beaumont, Texas 77702**

I/We, the parent(s)/guardian(s) of request that the School and/or Parish allow my/our son and/or daughter to participate in the following activity/trip:

Universal Field Trip form for school record

IN CONSIDERATION OF THE EDUCATIONAL INSTRUCTION MY/OUR CHILD WILL RECEIVE I/WE PROMISE AS FOLLOWS:

I/WE HEREBY RELEASE, SAVE AND HOLD HARMLESS THE ABOVE NAMED PARISH/SCHOOL, DIOCESE OF BEAUMONT, MOST REVEREND DAVID TOUPS, BISHOP OF DIOCESE OF BEAUMONT, AND ANY AND ALL OF ITS EMPLOYEES FROM ANY AND ALL LIABILITY FOR ANY AND ALL HARM ARISING TO MY/OUR SON/DAUGHTER AS A RESULT OF THIS TRIP AND/OR ACTIVITY, WHETHER CONDUCTED ON PREMISE OR NOT. I/WE HAVE BEEN APPRISED OF THE MODE OF TRANSPORTATION TO BE USED IN THIS ACTIVITY/TRIP, IF ANY, AND I/WE UNDERSTAND AND ACCEPT THAT MODE OF TRANSPORTATION BEING USED.

I/WE RELEASE, DISCHARGE AND COVENANT NOT TO SUE THE ABOVE NAMED PARISH/SCHOOL, DIOCESE OF BEAUMONT, AND MOST REVEREND DAVID TOUPS, BISHOP OF DIOCESE OF BEAUMONT, FOR ANY AND ALL CLAIMS AND LIABILITY ARISING OUT OF STRICT LIABILITY OR ORDINARY NEGLIGENCE OF THOSE ENTITIES OR ANY OTHER USER OF THE FACILITY OR ANY DRIVER WHICH CAUSES THE CHILD OF THE UNDERSIGNED INJURY, DEATH OR PROPERTY DAMAGES AND FURTHER AGREES TO HOLD THE PARISH/SCHOOL, DIOCESE OF BEAUMONT, AND THE MOST REVEREND DAVID TOUPS, BISHOP OF DIOCESE OF BEAUMONT, HARMLESS AND INDEMNIFY THE PARISH/SCHOOL, DIOCESE OF BEAUMONT, AND THE MOST REVEREND DAVID TOUPS, BISHOP OF DIOCESE OF BEAUMONT, FROM ANY CLAIM, JUDGEMENT OR EXPENSES THEY MAY INCUR BY PARTICIPATION OF THE DESCRIBED ACTIVITY.

I/WE UNDERSTAND THE PARTICIPATION IN THE DESCRIBED ACTIVITY INVOLVES DANGER AND RISK OF INJURY. THE INHERENT DANGER IS UNDERSTOOD AND VOLUNTARILY ASSUMED.

I/WE AUTHORIZE THE ABOVE NAMED PARISH OR SCHOOL AND/OR DIOCESE OF BEAUMONT AND ANY AND ALL ORGANIZERS OR SPONSORS TO PERFORM A PRE-BOARDING SEARCH OF OUR SON'S/DAUGHTER'S LUGGAGE AND/OR BACKPACK AND/OR PURSE FOR ILLEGAL SUBSTANCES OR ANY ITEM WHICH MAY ENDANGER THE HEALTH OR SAFETY OF THE ORGANIZATION, ITS PARTICIPANTS OR PERSONNEL.

I/WE AUTHORIZE THE ABOVE NAMED PARISH OR SCHOOL AND/OR DIOCESE OF BEAUMONT AND ANY AND ALL ORGANIZERS OR SPONSORS TO PERFORM A STUDENT SEARCH OF OUR SON/DAUGHTER IF HE/SHE IS SUSPECTED TO BE IN POSSESSION OF ILLEGAL SUBSTANCES OR ANY ITEM WHICH MAY ENDANGER THE HEALTH OR SAFETY OF THE SCHOOL/PARISH, ITS STUDENTS, OR PERSONNEL.

I/WE HAVE READ THIS DOCUMENT. I/WE UNDERSTAND THAT IT IS A RELEASE OF ALL CLAIMS.

I/WE UNDERSTAND THAT I/WE AND OUR CHILDREN ASSUME ALL RISK INHERENT IN THIS ACTIVITY. I/WE VOLUNTARILY SIGN MY/OUR NAME(S) EVIDENCING MY/OUR ACCEPTANCE OF THESE PROVISIONS.

Parent

Date

Parent

Date

NOTE: A PHOTOCOPY OF BOTH SIDES OF HEALTH INSURANCE ID CARD MUST BE PROVIDED UNLESS ALREADY SUBMITTED WITH YOUTH REGISTRATION CONSENT LIABILITY WAIVER FORM (EXHIBIT J-H).