

Anti-Bullying Pledge

We here at Immaculate Heart of Mary School want our students to acknowledge diversity and build community by practicing respect, hospitality, and civility, towards others. We have dedicated ourselves to the safety and well-being of our students, faculty, and staff. In cooperation with the Diocese of Cleveland, Immaculate Heart of Mary’s parents, students, and staff recognize that human dignity is the basis for all relationships and growth, and will continue to support Immaculate Heart of Mary’s anti-bullying program efforts.

Respect is the cornerstone of all our interactions and behaviors. We should acknowledge the dignity and worth of one another, and strive never to diminish another by our conduct or our attitudes.

We believe that everyone should enjoy school equally, and feel safe, secure, and accepted regardless of color, race, gender, ability, religion, and nationality.

We understand that bullying can be pushing, shoving, hitting, and spitting, as well as, name calling, picking on, making fun of, laughing at, and/or excluding someone. We also understand that bullying may cause emotional and physical pain and stress to victims, and is **never** justified or excusable.

By signing this pledge, we agree to:

1. Value differences and treat others with respect.
2. Report honestly and immediately any bullying that I know about or see to a teacher or other trusted adult in the school.
3. Talk to our teachers, parents, and/or children about issues regarding bullying.
4. Work with others in our school community, so that bullying can be dealt with effectively.
5. Be an example of respectful behavior to all whether in the classroom, or riding on the school bus.
6. Respectfully treat all persons in a Christ-like manner.

Parent/Guardian Signature Date

Parent/Guardian Signature Date

Student Signature Date

Student Signature Date

Student Signature Date

Student Signature Date

PLEASE PRINT FAMILY LAST NAME

STUDENT NAME _____
 (Please print) Last First (ID #)

EMERGENCY MEDICAL AUTHORIZATION FORM

(Ohio Revised Code 3313.712)

Date of Birth _____ Home Phone _____
 School _____ Address _____
 School Year 2017-2018 Grade _____ City _____ Zip _____

Purpose: To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parents or guardians cannot be reached. This information will be shared, as necessary, with teachers, bus drivers, administrative staff, health personnel including student nurses, and other school personnel.

Residential Parent or Guardian

Mother's Name _____ Daytime Phone _____ Cell/Pager _____
 Father's Name _____ Daytime Phone _____ Cell/Pager _____
 Emergency Contacts: 1. _____ Daytime Phone _____ Cell/Pager _____
 2. _____ Daytime Phone _____ Cell/Pager _____
 3. _____ Daytime Phone _____ Cell/Pager _____

It is extremely important that you provide ANY pertinent medical history or information about existing conditions that may affect your child at school.

Medical Information: _____

 Medications: _____

 Allergies: _____

PART I OR II MUST BE COMPLETED

PART I: TO GRANT CONSENT

I hereby give consent for the following medical care providers and local hospital to be called:

Doctor _____ Phone _____
 Dentist _____ Phone _____
 Medical Specialist _____ Phone _____
 Local Hospital/Emergency Room Phone _____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for: 1) the administration of any treatment deemed necessary by above named doctors, or, in the event the designated practitioner is not available, by another licensed physician or dentist; and 2) the transfer of the child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Signature of Parent/Guardian _____ Date _____

PART II: REFUSAL TO CONSENT

I do **NOT** give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action:

Signature of Parent/Guardian _____ Date _____

LEGAL CUSTODY FORM
Immaculate Heart of Mary School
School Year 2017-2018

Date: _____

Child's Name: _____ Grade: _____

Address of child's residence: _____

- Child lives with**
- | | | |
|--|---|---|
| <input type="checkbox"/> Residential Mother (shared custody) | <input type="checkbox"/> natural mother, step/adoptive father | <input type="checkbox"/> Both Parents (Married)
<i>If yes, there is no need to answer the questions below.</i> |
| <input type="checkbox"/> Residential Father (shared custody) | <input type="checkbox"/> Natural father, step/adoptive mother | |
| <input type="checkbox"/> only mother | <input type="checkbox"/> Grandparents (with legal custody) | |
| <input type="checkbox"/> only father | <input type="checkbox"/> other Please explain: _____ | |
| <input type="checkbox"/> other relative (with legal custody) Relationship: _____ | | |

Residential parent/guardian:

Non-Residential parent/guardian:

Name: _____ Name: _____

Address: _____ Address: _____

City: _____ City: _____

Zip: _____ Zip: _____

Area Code & Phone: _____ Area Code & Phone: _____

Is there a court order (or pending order) affecting the custody and/or residency of the child? Yes No

Does the non-residential parent have visitation rights? Yes No

Is there a court decision that states that the non-residential parent should **NOT** receive school information or attend school activities? Yes No

Should a copy of progress reports, report cards, etc. be sent to the non-custodial parent? Yes No (per court order)

Is the non-residential parent responsible for paying tuition? Yes No

NO CHANGES- ALL DOCUMENTS ON FILE AT SCHOOL OFFICE.

IF NEW OR MODIFIED COURT ORDER

Please attach a certified copy of the entire court order including the case number and those sections referring to visitation rights and contacts with the school. Also include the page bearing the judge's signature and court seal. This copy should include any and all modifications made as of the date of registration of the child in this school. It is also the responsibility of the parents to inform the principal of any subsequent modifications during the child's tenure at the school.

A COMPLETE COPY OF THE SCHOOL'S PROCEDURES DEALING WITH FAMILY CUSTODY SITUATIONS IS INCLUDED IN THE SCHOOL HANDBOOK.

Today's Date: _____

MEDICAL UPDATE FORM**Student Name:** _____**Date of Birth:** _____**Grade:** _____**Room #:** _____

Please describe your child's past or present health related conditions or problems which could be of concern while at school.

General Health: (circle) Excellent Good Fair Poor

Health Problems: Are there known health problems? Describe management and treatment.

Is student presently under a physician's care? (check one) Yes _____ No _____

Injuries or accidents during the past 12 months (describe):

Hospitalizations (recent, within 12 months, include reason):

Allergies (type):

Medications: Is student presently taking any medications? (check one) Yes _____ No _____

If yes, please identify all medications being taken.

Family Health: Are all family members in good health? (check one) Yes _____ No _____ If no, please explain.

Is there any other information you would like to share with us that you feel could influence your child's academic success at school?

PHOTO AND NAME RELEASE AND AUTHORIZATION

I(We) the parent(s) and/or guardian(s) of my(our) minor child(ren)

<u>Child</u>	<u>Age</u>
_____	_____
_____	_____
_____	_____
_____	_____

do hereby consent and authorize the release, publication, dissemination, distribution, use, and/or reproduction of any and all photographs taken of my(our) child(ren) during his/her/their enrollment at Immaculate Heart of Mary School by an employee, agent, or representative of Immaculate Heart of Mary School or independent contractor.

This Release and Authorization acknowledges that all photographic proofs, photographic negatives, positives, and prints shall constitute the property of Immaculate Heart of Mary School and may be used by the administration Immaculate Heart of Mary School for **any purpose** determined at its discretion without further notice or any compensation to me or to my child(ren).

_____ **I DO GRANT PERMISSION**

_____	_____	_____
Parent/Guardian Signature	Address	Date
_____	_____	_____
Parent/Guardian Signature	Address	Date
_____	_____	_____
Minor Student	Address	Date
_____	_____	_____
Minor Student	Address	Date
_____	_____	_____
Minor Student	Address	Date
_____	_____	_____
Minor Student	Address	Date

OR

_____ **I DO NOT grant consent or authorize the release of my/our child(ren)s photographs and name(s) by Immaculate Heart of Mary School.**

_____	_____
Parent/Guardian Signature	Date

IHM STATEMENT OF COMMITMENT

Immaculate Heart of Mary, a Catholic Elementary School, is dedicated to providing a special Catholic Education which strives to develop the potential of each student. Through the mutual efforts of home and school, the total growth process of the student can be enhanced.

Please read this handbook carefully. Your child(ren) should also read and observe the policies presented here. The registration of your child(ren) here at Immaculate Heart of Mary School is equivalent of your willingness to comply with all its regulations.

Parents/Guardians are encouraged to call their child(ren)'s teacher(s) in all matters pertaining to academic development, social concerns, or disciplinary matters. The staff of Immaculate Heart of Mary School is committed to assisting your child(ren) reach their spiritual and academic potential using their God given abilities.

Parents may be notified when their child(ren) is/are involved in situations where he/she has violated basic school rules and regulations.

By signing this agreement I/we am/are agreeing that I/we have read the 2016-2017 *Parent/Student Handbook* of Immaculate Heart of Mary School over with my/our child(ren) and understand that our child(ren)'s registration at Immaculate Heart of Mary School demonstrates our willingness to comply with the school's regulations and policies.

 Parent/Guardian Signature

Date

 Parent/Guardian Signature

Date

I/We have read and discussed this handbook with my/our parents/guardian and I/we agree to abide by all the rules and regulations within.

 Student Signature

Date

 Student Signature

Date

 Student Signature

Date

 Student Signature

Date

PLEASE PRINT FAMILY LAST NAME

2017-2018 Student Transportation Information

Update this form as necessary with the school office.

Student Name: _____ Grade _____

During this school year, my child will be a:

- bus rider on _____
(School District Bus and Number)
- car rider *
- in LINX
- walker
- Bike rider

Please list person(s) who have permission
to transport your child at dismissal:

Name Relationship

Name Relationship

If a change from the mode of transportation is necessary,
please send written consent.

Parent Name (Print) _____

Parent Signature _____ Date _____

Parent Daytime Phone _____

Each child must have this form on file.