



## Internet & Electronic Mail Student User Agreement

Access to Electronic mail and the Internet will enable students to explore thousands of libraries, database's and bulletin boards while exchanging messages with Internet users throughout the world. While our intent is to make Internet access available to further educational goals and objectives, students may find ways to access objectionable materials as well. We believe that the benefits to students from access to the Internet, in the form of information, resources and opportunities for collaboration, exceed any disadvantages.

To that end, the Archdiocese of Louisville has set the following standards for using on-line information sources.

1. Students are responsible for good behavior on school computer networks, just as they are in the classroom. Communications on the network are often public in nature. The network is provided for students to conduct research and communicate with others. Access to network services is given to students who agree to act in a responsible manner. Parent permission is required, and access is a privilege—not a right.
2. Net work administrators may review files and communications to maintain system integrity and ensure that users are employing the system responsibly. Network storage areas may be treated like school lockers; while generally private, they may be searched under certain circumstances. Users should not expect that files stored on school servers will always be private.
3. Access to information will be honored within reason. During school hours, teachers will guide students toward appropriate materials. Outside of school, families bear the same responsibility as they would when guiding their children with information sources such as books, periodicals, television, telephones, movies, radio and other potentially offensive media.
4. The following are not permitted:
  - Revealing personal information online (name, address, phone number)
  - Sending, receiving, or displaying offensive messages or pictures
  - Using obscene language
  - Harassing, insulting or threatening others
  - Damaging computer systems or computer networks
  - Violating copyright laws
  - Submitting documents from the Internet as personal work
  - Using another person's password
  - Trespassing in someone else's folder, work or files
  - Intentionally wasting limited resources
  - Using the network for commercial purposes
  - Propagating chain messages
  - Making unauthorized down loads
  - Participating in personal chat or instant messaging
5. Violations may result in loss of access as well as other disciplinary action.



ACADEMY

Internet Student Agreement and Parent Permission Form

**Please complete one per family**

As a user of St. Nicholas Academy's computer network, I hereby agree to comply with its Internet and network rules and to communicate over the network in a responsible manner, while abiding by all relevant laws and restrictions.

Name of Student (PLEASE PRINT)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Gr. \_\_\_\_  
Gr. \_\_\_\_  
Gr. \_\_\_\_  
Gr. \_\_\_\_

As the parent or legal guardian of the student(s) signing above, I grant permission for my child(ren) to access networked computer services such as the Internet.

Although steps have been taken to provide filtered Internet access, I understand that some objectionable materials on the Internet may be accessible. I accept responsibility for guidance of Internet use and of setting and conveying standards for my child(ren) to follow when selecting, sharing, researching or exploring electronic information and media.

Parent Signature \_\_\_\_\_

Date: \_\_\_\_\_

Telephone: \_\_\_\_\_

Restrictions: \_\_\_\_\_

The Internet network may not be accessed before 7:00 A. M. and not be accessed after 3:00 P.M. unless permission is given to the student(s).

# ARCHDIOCESE OF LOUISVILLE

## Employee/Volunteer Criminal Background Check

### Authorization

Consistent with Kentucky law and archdiocesan policy, all employees and volunteers who work children must undergo a criminal background check. Please complete and sign this authorization form which will be used to obtain a criminal background check.

#### Type or Print Clearly

Social Security Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

Driver's License Expiration Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Full Name: \_\_\_\_\_  
Last First Middle

Maiden or Alias Names: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Have you ever been convicted, found guilty, entered a plea of no contest, or had adjudication withheld in a criminal offices other than a minor traffic violation?

Yes \_\_\_\_\_ No \_\_\_\_\_

I hereby give my permission for the Archdiocese of Louisville to obtain information relating to my criminal history record. I understand that as long as I remain an employee or volunteer, the criminal background check may be repeated at any time.

I hereby release the Archdiocese of Louisville and its employees from all causes of action, charges, liabilities and claims resulting from the investigation of my background in connection to my employment/volunteer assignment with the Archdiocese of Louisville.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# STUDENT HEALTH SCREENING PERMISSION FORM

2011 – 2012

## PART 1.

FAMILY NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

CHILDREN'S NAME(S) \_\_\_\_\_ GRADE(S) \_\_\_\_\_

_____	_____
_____	_____
_____	_____
_____	_____

## PART 2.

Please indicate your **SIGNATURE PERMISSION** for your child to participate in the appropriate health programs.

√

<input type="checkbox"/>	<b>VISION:</b> I <u>do</u> want my children to participate in Vision Screening. (K, 1, 3 & 5)	_____
		Parent/Guardian Signature
<input type="checkbox"/>	<b>HEARING:</b> I <u>do</u> want my children to participate in Hearing Screening. (K, 1, 2 & 3)	_____
		Parent/Guardian Signature
<input type="checkbox"/>	<b>SCOLIOSIS:</b> I <u>do</u> want my children to participate in Scoliosis Screening. ( <b>For students in Grades 5-8 only</b> )	_____
		Parent/Guardian Signature

## PART 3.

**YES - I would like to VOLUNTEER to assist with the following health screenings:**  
(Please check as many as you are available to help with.)

√

<input type="checkbox"/>	<b>VOLUNTEER TO HELP: Height /Weight /Vision</b> screening on Thursday, September 8.
<input type="checkbox"/>	<b>VOLUNTEER TO HELP: Hearing</b> screening on Thursday, October 20.
<input type="checkbox"/>	<b>VOLUNTEER TO HELP: Scoliosis</b> screening on Thursday, November 10.

### **COMPLETE THIS PORTION IF YOU ARE HELPING WITH THE SCREENINGS ABOVE:**

VOLUNTEER(S) Name (Please Print): _____	PHONE: _____
Alternate Phone: _____	What time is best time to call to coordinate VOLUNTEERING? _____



**SAINT NICHOLAS ACADEMY  
PHYSICAL EDUCATION UNIFORM ORDER FORM**

**DUE IN THE OFFICE ALONG WITH PAYMENT BY SEPTEMBER 2<sup>ND</sup> :**

**PLEASE PRINT:**

**FAMILY NAME:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**Student Name:** \_\_\_\_\_

**Grade (2011-12):** \_\_\_\_\_

**IMPRINTED LOGO ON T-SHIRT, SWEATSHIRT AND SWEATPANTS.  
ALL T-SHIRTS - \$5.00 EACH  
ALL SWEATSHIRTS AND SWEATPANTS - \$15.00 EACH**

**Toddler Sizes: 2T, 3T, 4T, 5T**

**YOUTH SIZES: T-SHIRTS @ \$5.00 S-(6-8), M-(10-12), L-(14-16)  
(PLEASE INDICATE SIZE & QUANTITY. )**

QUANTITY	SIZE	COST
_____	_____	_____
_____	_____	_____
_____	_____	_____

**YOUTH SIZES: SWEATSHIRTS @ \$15.00 (see above sizes)**

_____	_____	_____
_____	_____	_____
_____	_____	_____

**YOUTH SIZES: SWEATPANTS @ \$15.00 (see above sizes)**

_____	_____	_____
_____	_____	_____
_____	_____	_____

**YOUTH SIZES: SHORTS @ \$15.00 (see above sizes)**

_____	_____	_____
_____	_____	_____
_____	_____	_____

-----  
**ADULT SIZES: T-SHIRT @ \$5.00 (SMALL, MEDIUM, LARGE, AND EXTRA LARGE)**

_____	_____	_____
_____	_____	_____
_____	_____	_____

**ADULT SIZES: SWEATSHIRTS @ \$15.00**

_____	_____	_____
_____	_____	_____
_____	_____	_____

**ADULT SIZES: SWEATPANTS @ \$15.00**

_____	_____	_____
_____	_____	_____
_____	_____	_____

**ADULT SIZES: SHORTS @ \$15.00**

_____	_____	_____
_____	_____	_____
_____	_____	_____

-----  
**Method of Payment:**    **Cash**  
                                  **Check**

**Receipt Given:** \_\_\_\_\_

**Check Number:** \_\_\_\_\_

**Money Order: #** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Initial:** \_\_\_\_\_

**Notes:** \_\_\_\_\_

**peorder 2011-12**





SAINT NICHOLAS ACADEMY  
**ORDER FORM**

**EMBROIDERED UNIFORM SWEATSHIRT**

**DUE IN THE OFFICE ALONG WITH PAYMENT BY SEPTEMBER 2<sup>ND</sup>**

**PLEASE PRINT**

FAMILY NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade (2011-12) \_\_\_\_\_

**PLEASE SELECT THE QUANTITY AND APPROPRIATE SIZE BELOW:**

**YOUTH**

**ADULT**

\_\_\_\_\_ Small (6-8) @ \$15.00 ea.

\_\_\_\_\_ Small @ \$15.00 ea.

\_\_\_\_\_ Medium (10-12) @ \$15.00 ea.

\_\_\_\_\_ Medium @ \$15.00 ea.

\_\_\_\_\_ Large (14-16) @ \$15.00 ea.

\_\_\_\_\_ Large @ \$15.00 ea.

\_\_\_\_\_ X-Large @ \$15.00 ea.

**Method of Payment:**

**Cash:** \_\_\_\_\_ **Receipt Given:** \_\_\_\_\_

**Check: #** \_\_\_\_\_

**Money Order: #** \_\_\_\_\_

**Amount Paid:** \_\_\_\_\_

**Initial:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Notes:** \_\_\_\_\_

Uniform swts.doc



5501 New Cut Road  
Louisville, KY 40214  
502-368-8506  
www.sna-panthers.org

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### 2011/2012 BUS PAYMENT AGREEMENT

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Responsible party \_\_\_\_\_

Address _____	Student Name _____	Grade _____
City/State _____	Student Name _____	Grade _____
Zip _____	Student Name _____	Grade _____
Phone _____	Student Name _____	Grade _____

It is agreed to and understood as a condition of our child's/children's education at Saint Nicholas Academy, we will pay **bus costs** for the 2011/2012 school year based on our amounts as indicated. We are obligated to enroll in ACH (automatic withdrawal) for submission of payments as checked on the back of this form. **The only exception is payment made in full.** If ACH is returned, a charge of \$30.00 will be assessed. Second occurrence will result in a mandated meeting with the **Principal.** If the ACH debit is blocked your child(ren) will not be allowed to ride the bus until the account is current. Responsible party will be liable for any unpaid balance. We also understand that if we choose to leave Saint Nicholas Academy for any reason, we will be responsible for the bus costs for that month.

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It is further agreed and understood that in the event of default, if this account is turned over to an agency or attorney for collections, the undersigned agrees to pay all reasonable attorney fees and costs of collection pursuant to KRS 411.195.

Responsible Party: \_\_\_\_\_

Date: \_\_\_\_\_

**AUTOMATIC WITHDRAWAL AUTHORIZATION AGREEMENT**

It is agreed to and understood as a condition of our child's/children's transportation to and/or from Saint Nicholas Academy, we will pay for bus service for the 2011/2012 school year based on amounts indicated. We are obligated to enroll in ACH (automatic withdrawal) for submission of payments as checked on the form below. The **only exception is payment made in full**. If ACH is returned, a charge of \$30.00 will be assessed. Second occurrence will result in a mandated meeting with the **Principal**. If the ACH debit is blocked or account closed your child(ren) will not be allowed to ride the bus to or from St. Nicholas Academy until the account is current. Responsible party will be liable for any unpaid balance. We also understand that if we choose to leave Saint Nicholas Academy for any reason, we will be responsible for the bus cost for the month that withdrawal occurs.

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I, \_\_\_\_\_ hereby authorize Saint Nicholas Academy, to initiate electronic debit entries, and if necessary, credit entries to reverse erroneous debit entries to my account(s) listed below. It is agreed that these withdrawals will be made in accordance with the Rules of the National Automated Clearing House Association (NACHA).

- Bank Name: \_\_\_\_\_
- Checking Account      Account # \_\_\_\_\_      Routing Number: \_\_\_\_\_
- Savings Account      Account # \_\_\_\_\_      Routing Number: \_\_\_\_\_
- Credit Union      Account # \_\_\_\_\_      Routing Number: \_\_\_\_\_
- Use same account?      Yes \_\_\_\_\_      No \_\_\_\_\_

I choose to have my **BUS PAYMENT** deducted as follows.

	<b>Number of Payments</b>	<b>1 Child</b>	<b>X</b>	<b>2 or More Children</b>	<b>X</b>
Yearly	1	\$225.00		\$315.00	
Monthly (Beginning 8/15/10-4/15/11)	9	\$25.00		\$35.00	

**NOTE** if any of the above dates fall on a weekend or holiday, then the withdrawal will take place the first banking day following the above date.

This authority shall remain in full effect for the fiscal year beginning July 1, 2011 and ending June 30<sup>th</sup> 2012.

**IMPORTANT**

**A VOIDED CHECK MUST BE ATTACHED FOR EACH CHECKING ACCOUNT.**

**A VOIDED DEPOSIT SLIP MUST BE ATTACHED FOR EACH SAVINGS ACCOUNT.**

Name: \_\_\_\_\_ SS# \_\_\_\_\_

Address: \_\_\_\_\_ Date: \_\_\_\_\_

Name (Please Print): \_\_\_\_\_

Responsible Party Signature: \_\_\_\_\_



5501 New Cut Road  
Louisville, KY 40214  
502-368-8506 Fax: 502-380-5453  
www.sna-panthers.org

**St. Nicholas Academy PVO**  
**2011-2012**  
**PARENT VOLUNTEER ORGANIZATION**  
**Committees & Coordinators**

**CATHOLIC IDENTITY/COMMUNITY BUILDING/COMMUNICATION - SUSAN HIGDON**

- Develop identity of SNA in the four founding church communities. Promote and assist in forming volunteer committees to help with various school fundraising projects and social events that take place throughout the year. Keep parents informed of fundraising opportunities for SNA and how the fundraising dollars impact the school.
- Promote communication between parents and school about activities going on within the PVO by issuing monthly newsletters.
- Promote a positive image of St. Nicholas by publishing SNA news in our founding parish bulletins on a monthly basis. Create and maintain master list of volunteers.

**HEALTH & SAFETY- KIM VANCE**

- Implement programs such as annual health screening and safety awareness for our children.

**HOSPITALITY- NANCY SCHNEIDER**

- Organize and facilitate various events throughout the year, i.e., Open House in October, Pre-registration in January, Teacher's Brunch in January, Registration in August, Conference Snacks throughout the school year. Organize tokens of appreciation for teachers, staff and volunteers.

**MARKET DAY- CINDY ENGLAND**

- Coordinate the collection and distribution of Market Day menu orders. Promote this fundraiser and report results of fundraising efforts. Coordinate internet orders. Monthly distribution of Market Day Orders.

**NEWCOMER- CHRISTIE ATKINSON**

- Provide support system for new school families by establishing a buddy network which will pair current SNA families with new families in an effort to provide information, support and friendship. Host a new family donut and coffee at the start of the school year.

**PARENT RESOURCE VOLUNTEER- DENISE PAYNE**

- Act as a resource for the school administrators and teachers by soliciting and organizing volunteers for school projects. Contact all parents in your class and come up with a volunteer list to be utilized for Step-by-Step Stewardship, Holiday Celebrations, Heaven Cents Campaign, and Classroom Coverage when necessary.

**CAFETERIA VOLUNTEERS – ANGIE BAKER**

- Act as a coordinator of cafeteria volunteers by scheduling workers to assist in the service of food and publish a monthly calendar of scheduled workers and dates, secure substitutes in case of emergencies and/or fill-in for special lunch events.

**RECESS MONITORS – KATHY HYLAND**

- Act as a coordinator of recess volunteers by scheduling two monitors per day to supervise recess, secure substitutes in case of absence and publish a monthly schedule of volunteers.

**Father/Daughter Dance, Mother/Son Event - \_\_\_\_\_**

- Act as coordinator of special event by securing date, organizing support team, planning event, communicating with Principal and public.

# PARENT VOLUNTEER ORGANIZATION

## Committee/Volunteer Sign Up Form

### 2011-12

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\_\_\_\_\_ **Option 1**    I would like to become involved in the PVO and would be willing to be a Coordinator for a Committee.

\_\_\_\_\_ **Option 2**    I would like to become involved in the PVO and, although cannot coordinate, would be willin Volunteer on a Committee.

---

**First Parent/Guardian Volunteer Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Home #:** \_\_\_\_\_      **Work#** \_\_\_\_\_      **Cell#** \_\_\_\_\_  
**Email:** \_\_\_\_\_

**Second Parent/Guardian Volunteer Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Home #:** \_\_\_\_\_      **Work#** \_\_\_\_\_      **Cell#** \_\_\_\_\_  
**Email:** \_\_\_\_\_

Child(ren)'s Name(s)	Grade (2010-2011)
_____	_____
_____	_____
_____	_____
_____	_____

---

**Please mark (X) any committee/activity in which you would like to become more involved!**  
**For a detailed description of each committee/activity, please see the back.**

COMMITTEE NAME	VOLUNTEER
Catholic Identity/Community Building/Stewardship/Communication	
Cafeteria Volunteer	
December Gala	
Field Day	
Health & Safety	
Hospitality	
Market Day	
Mother/Son Event, Father/Daughter Dance	
Newcomer	
Office/Clerical	
Panther Prowl	
Parent Resource Volunteer	
Recess Monitor	





**MISSION STATEMENT:** Saint Nicholas Academy is a Catholic school created through the cooperation of the founding parishes in the South End of Louisville. The school was created to assure quality, affordable, Catholic education based on the values of Spiritual formation, Nourishment of character and Academic excellence (Saint Nicholas Academy ).

**SAINT NICHOLAS ACADEMY**

Dear Parents of Bus Riders.

In order to guarantee your child and the children riding the bus the safe transportation they deserve, we are utilizing the following discipline code:

**OUR PHILOSOPHY:** We believe all students can behave appropriately and safely while riding on a school bus. We will **not** tolerate students stopping drivers from their job or preventing other students from having safe transportation.

**OUR BUS RULES:**

1. Follow directions of the driver.
2. Stay in your seats.
3. Keep all parts of your body in the bus.
4. No pushing, shoving, or fighting at any time for any reason.
5. No yelling on the bus or out of the windows of the bus.
6. No chewing gum or eating of any kind.

**IF A STUDENT CHOOSES TO BREAK A RULE:**

- 1<sup>st</sup> Incident: Driver verbally warns student.
- 2<sup>nd</sup> Incident: Driver reports student to the Principal and parent may be contacted.
- 3<sup>rd</sup> Incident: Student-Parent-Principal conference and probation.
- 4<sup>th</sup> Incident: Suspension from transportation privileges.

**SEVERE DISTRUPTION:** The following inappropriate behavior may result in automatic suspension of transportation privileges.

1. Physical harm to student.
2. Throwing objects on the bus or out of the window of the bus.
3. Obscene language on the bus or yelling out the window of the bus.
4. Property damage.
5. Refusal to obey driver
6. Any behavior that seriously threatens the safety of a student(s)

**STUDENTS WHO BEHAVE** will be rewarded by safe transportation and a pleasant ride to and from school. It is in your best child’s interest that we work together in a relationship that provides safe transportation.

-----  
I have read and understand the above information and rules regarding bus transportation. By signing this form, I subscribe to bus service for my child/children for the entire 2011-2012 school year. My child(ren) will ride ( **PLEASE CIRCLE ONE**): **Bus 1   Bus 2   Bus 3**

**Please Print:    Family Name:** \_\_\_\_\_

**Student’s Names:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

\_\_\_\_\_ **Grade:** \_\_\_\_\_

\_\_\_\_\_ **Grade:** \_\_\_\_\_

Location of stop: \_\_\_\_\_

**Parent’s Signature:** \_\_\_\_\_

# MEDICINE AUTHORIZATION

St. Nicholas Academy

Dear Parent or Guardian:

In order for school personnel to administer any type of medicine to your child at school, we must have on file a signed affidavit giving your permission for us to do so. The medicine should be sent to school with:

- 1. COMPLETE DOSAGE INSTRUCTIONS**
- 2. IN ORIGINAL CONTAINER WITH THE PRESCRIPTION LABEL ATTACHED**

-----  
I hereby request school personnel of St. Nicholas academy to give my child the following prescription/medicine.

Child's Name \_\_\_\_\_

Type of Medicine \_\_\_\_\_

Dosage & Time of Dosage \_\_\_\_\_

Doctor's Name & Address \_\_\_\_\_

These instructions should be followed in giving my child this medicine:

Reason medication is to be given: \_\_\_\_\_

Reactions or side effects: Please list potential reactions the child might have to this medication: \_\_\_\_\_

\_\_\_\_\_  
To what hospital should the student be taken in case of emergency:

\_\_\_\_\_  
List allergies or special medical concerns: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Emergency numbers: Home \_\_\_\_\_

Father's Work/Cell \_\_\_\_\_

Mother's Work/Cell \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date



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WEBSITE RELEASE  
2011-2012

**Please complete one per family**

Many of our teachers make use of class websites to acknowledge their students successes and provide up to date information about classroom assignments and activities. On the class websites full names will **not** be used although pictures will often times accompany information about activities. Please check the appropriate option and sign the form below giving St. Nicholas Academy permission to use your child's/children's picture and **FIRST NAME ONLY** on the class website.

\_\_\_\_\_ I **do** hereby **give and grant** Saint Nicholas Academy permission to use my child's/children's **FIRST NAME ONLY**, and photograph, and/or videotaped image on St. Nicholas' Internet site or homeroom class sites. I do further certify that I am of full legal capacity to execute the foregoing authorization and release.

\_\_\_\_\_ I **do not** give permission for Saint Nicholas Academy to use my child's/children's name or image on the Internet.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Parent/Guardian: \_\_\_\_\_

Witness: \_\_\_\_\_

Student(s) Name(s) **Please Print:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Gr. \_\_\_\_\_  
Gr. \_\_\_\_\_  
Gr. \_\_\_\_\_  
Gr. \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

