

SAINT BEDE ACADEMY REQUIRED SIGNATURE FORM

SAINT BEDE ACADEMY HANDBOOK ACKNOWLEDGMENT

- By checking this box and signing below we acknowledge that we have read the Parent – Student Handbook. We understand that the handbook contains important information about the school, its administration, and about the educational and disciplinary policies and procedures that the school maintains in furtherance of its religious mission. We agree to follow all rules and guidelines imposed in the school by the school administration. By signing below we acknowledge and understand that nothing within this Handbook can be interpreted to create any contractual obligations between the Academy and the student and/or his or her parent(s) and/or guardian(s). By signing below the student and/or his or her parent(s) and/or guardian(s) of the student acknowledge that they read, understand, and agree to abide by the anti-discrimination and anti-harassment policies and the policies regarding alcohol, illegal drug use, and controlled substances. If we have any questions about the content of the handbook, we understand that it is our obligation to ask questions for clarification. This acknowledgment is to be returned to the school after being signed and dated. Failure to read the handbook or to sign or return this acknowledgment shall not relieve us of the obligation to follow all rules and guidelines that the school establishes. Likewise, it will not impede or prevent the school administration from operating the school consistent with those rules and guidelines.

Student Signature

Parent/Guardian Signature

Date

SAINT BEDE ACADEMY CHRISTIAN SERVICE PROGRAM HANDBOOK & PERMISSION ACKNOWLEDGEMENT

- By checking this box and by signing below we acknowledge that we have read the Service Program Handbook and understand the purpose, requirements and rules of the program and agree to follow them. We understand that the completion of the Program is a requirement for graduation. Saint Bede Academy assumes no responsibility for accident or injury involving the student or others while participating in a project outside the school hours and not supervised by school personnel. In consideration for my child being allowed to participate in the Academy service program, we hereby RELEASE AND AGREE TO INDEMNIFY AND HOLD HARMLESS the Academy, their employees and agents, and the volunteers assisting the school, from any and all liability for injuries, damages, medical expenses, or any other loss to my child or family or me (including attorney's fees) arising from or related to my child's participation in this program.

Student Signature

Parent/Guardian Signature

Date

STUDENT REQUEST – TEXTBOOK LOAN

- By checking this box and signing below the State of Illinois supplies some textbooks. Parents must sign below requesting the use of these books. By checking this box and signing below I hereby request the loan of secular textbooks in accordance with Public Act 79-961 of 1975.

Parent/Guardian Signature

Date

CO-CURRICULAR AND EXTRA-CURRICULAR ACTIVITIES CONSENT

- By checking this box and signing below I hereby give my consent for the above-named student to participate in co-curricular or extra-curricular activities at Saint Bede Academy and to travel with the appointed coach, sponsor or moderator on any school-sanctioned trip.

Parent/Guardian Signature

Date

STUDENT ACCIDENT INSURANCE & LIABILITY WAIVER

By checking this box and signing below I hereby attest that understand _____
PRINTED Student Name
is covered by accident insurance on a family or group policy and that Saint Bede Academy assumes no responsibility for such coverage and that the above-named student will not be permitted to participate in co-curricular or extra-curricular activities unless this attestation is signed and returned to Saint Bede Academy.

In consideration for my student being allowed to participate in co-curricular or extra-curricular activities at Saint Bede Academy, I hereby RELEASE AND AGREE TO INDEMNIFY AND HOLD HARMLESS Saint Bede Academy and their employees and agents, and the volunteers assisting the school, from any and all liability for injuries, damages, medical expenses, or any other loss to my student or family or me (including attorneys' fees) arising from or related to my student's participation at Saint Bede Academy.

Parent/Guardian Signature Date

EMERGENCY MEDICAL TREATMENT FOR MINOR CHILD AUTHORIZATION

By checking this box and signing below I, parent/guardian of a minor, who attends Saint Bede Academy, hereby authorize, in the event all reasonable attempts to contact me or listed emergency contact have been unsuccessful, the Principal or his/her designee, to consent to such necessary medical treatment due to an emergency arising from an accident or illness to the minor. The administration of any medical treatment shall be by _____ if available and feasible. Otherwise, I authorize that

PRINTED Physician Name

treatment may be performed by such physicians as may be available in the Emergency Room of a Hospital, Physician's office or Clinic that is able to provide such treatment. This authorization does not cover major surgery unless the medical options of two licensed physicians concurring in the necessity for such surgery are obtained prior to the performance of such surgery.

Parent/Guardian Signature Date

SCREENING FOR DRUG USAGE CONSENT FORM REQUIRED OF ALL PARENTS

- By checking the boxes and signing my name below I/we have read the policy statement regarding the mandatory screening for drug usage that is required of all students in attendance at St. Bede Academy.
- I/We understand that the school will request a hair sample of our son/daughter for the purpose of screening and I/we agree that our son/daughter will submit a sample upon request at any time. I/We agree to the methodology being used for hair sampling and sharing the results with appropriate persons referred to in the policy.
- I/We further agree to defend and indemnify St. Bede Academy, their employees and agents, against any demands or claims of any type whatsoever (including the cost of attorney fees) asserted or based upon any liability arising in any way from or related in any way to the Drug Screening Program, or any acts, errors or omissions relating thereto, by the student identified below whose attendance at St. Bede Academy is conditioned upon the execution of this consent.
- I/We understand that failure to comply with this policy in any part or in whole constitutes cause for immediate dismissal from the school.
- I/We agree to abide by the terms mandated by this policy if our son/daughter tests positive for the presence of a prohibited substance and will cooperate fully in obtaining an immediate assessment from a substance abuse professional. Furthermore, I/we agree to also cooperate with the particular plan of treatment or recovery that is recommended for our son/daughter.
- I/We fully understand that refusal to sign this consent form renders our son/daughter ineligible for attendance at St. Bede Academy.

Printed Name of Student _____

Printed Name of Parent or Guardian _____

Signature of Parent or Guardian

Date

SCREENING FOR DRUG USAGE CONSENT FORM REQUIRED OF STUDENTS

- By checking the boxes and signing below, I have read the policy statement regarding the mandatory screening for drug usage that is required of all students in attendance at St. Bede Academy.
- I understand that the school will request a hair sample from me for the purpose of this screening and I agree that I will submit a sample upon request at any time. I agree with the methodology being used for hair sampling and sharing results with my parents, guardian and/or other appropriate persons referred to in the Policy. I further agree that St. Bede Academy is not responsible if test results are erroneous and hereby release St. Bede Academy, their employees and agents, against any demands or claims of any type whatsoever (including the cost of attorney fees) asserted or based upon any liability arising in any way from or related in any way to the Drug Screening Program, or any acts, errors or omissions relating thereto, by the student identified below whose attendance at St. Bede Academy is conditioned upon execution of the consent.
- I understand that failure to comply with this policy in any part or in whole constitutes cause for immediate dismissal for the school.
- I agree to abide by the terms mandated by this policy if I test positive for the presence of a prohibited substance and will cooperate fully in obtaining an immediate assessment from a substance abuse professional.
- I fully understand that refusal to sign this consent form renders me ineligible for attendance at St. Bede Academy.

Signature of Student

Date

ACCEPTABLE USE POLICY FOR THE USE OF COMPUTERS AND TELECOMMUNICATION OF PARENTS

Saint Bede Academy has chosen to permit student's access to computer and telecommunication resources to further its educational goals and objectives. Reasonable care has been taken to assure the appropriateness and educational quality of the material available through the use of educational software and telecommunications. However, parents and guardians are warned the Saint Bede Academy and the Benedictine Society of Saint Bede do not have total control of the information on the Internet. Parents and guardians are the primary authority responsible for imparting the standards of ethical and legal conduct their child or ward should follow. Therefore, Saint Bede Academy supports and respects each family's right to decide whether or not their child may have access to this resource.

- I am the parent/guardian of the below named student. By checking this box and signing below, I am agreeing that I have read the Acceptable Use Policy for Computers and Telecommunications ("the policy") and I have either explained it to my child/ward ("student") or I have assured myself that the student understands it. I also understand my own and the student's responsibilities regarding computer hardware, software and Internet access at Saint Bede Academy.

PLEASE CHECK ONE

- I hereby consent to the student having access to, and use of, the telecommunications resources at Saint Bede Academy. I also hereby indemnify and hold harmless the Benedictine Society of Saint Bede and Saint Bede Academy from any claim or loss resulting from any infraction by the student of the policy or any applicable law.
- I do not consent to the student having access to, or use of, the telecommunications resources at Saint Bede Academy.

Parent/Guardian Name Printed

Parent/Guardian Signature

Date

ACCEPTABLE USE POLICY FOR THE USE OF COMPUTERS AND TELECOMMUNICATION OF STUDENTS

- By checking this box and signing below I am agreeing that I have read the Acceptable Use Policy for Computers and Telecommunications, I understand its significance, and I agree to voluntarily abide by all terms and conditions of it. I further understand that violation of this agreement would be unethical and might even constitute a criminal offense. Should I choose to violate this agreement, my privileges will be revoked and disciplinary action, and/or appropriate legal action may be taken.

Student Name Printed

Student Signature

Date

1:1 STUDENT/PARENT GOOGLE CHROMEBOOK AGREEMENT

I acknowledge that we have received the following documents with my child's Registration materials and information and will ensure that we have read and understood them, in full, prior to my student being issued a Chromebook for the first time.

- St. Bede Academy Google Chromebook Guide
- St. Bede Academy 1:1 Student/Parent Google Chromebook Agreement
- St. Bede Acceptable Use Policy
- Lost/Stolen Device Reporting Form
- Repair Report Form

STUDENT AGREEMENT

As a learner, I agree that I will:

- Use my Chromebook for educational purposes.
- Follow the procedures and policies outlined in the Chromebook Guide both at school and at home.
- Protect my Chromebook by carrying it securely with its Chromebook cover and preventing careless or malicious damage.
- Never leave my Chromebook unattended in an unsecure or unsupervised location.
- Charge my Chromebooks battery to full capacity each night.
- Report all damages to or issues with my Chromebook to the Technology Coordinator.
- Not alter or attempt to change the management settings on my Chromebook.
- Never share my Chromebook with other students or individuals.

By checking this box and signing below, I understand that any violation of this agreement may result in the suspension or loss of my Chromebook and school network privileges. Additionally, I may face disciplinary action for such violations.

Student Name Printed

Student Signature

Date

PARENT AGREEMENT

I understand that my family's responsibilities include:

- Ensuring my child meets the expectations outlined in the Chromebook Guide and the St. Bede Academy Acceptable Use Policy.
- Protecting the Chromebook, within reason, against damage, loss or theft while it is at home or outside of school.
- Ensuring my student reports damage to the Technology Director.

By checking this box and signing below, I understand that consideration of the privileges and opportunities afforded by the use of St. Bede Academy's technology resources, I hereby release St. Bede Academy, its employees and administrators from any and all claims of any nature arising from my student's use or inability to use these resources, including but not limited to claims that may arise from unauthorized use of a Chromebook. I also understand that it is impossible for St. Bede Academy to restrict access to all controversial materials and I will not hold St. Bede Academy responsible for materials accessed with a school Chromebook. I accept full responsibility for my student's use of the Chromebook while not in a school setting and understand that my child's Chromebook use is subject to the same rules and requirements when used off-campus. I understand that my student's Chromebook privileges may be suspended or revoked for violation of this agreement.

Parent/Guardian Name Printed

Parent/Guardian Signature

Date

-----FOR SCHOOL USE ONLY-----

Form Processed and Chromebook Issued: _____ Technology Coordinator Signature: _____