

NOTRE DAME HIGH SCHOOL

Member of the Middle States Association of Colleges and Secondary Schools

3417 Church Road, Easton, PA 18045

610 868-1431 Fax 610 868-6710 www.ndcrusaders.org

Student Name _____ HR _____ (e.g. 1A)

Homeroom Packet Instructions and Checklist 2018-2019

1. Please **print out and submit** the following forms. Please staple these completed forms together in the order listed. Any of these **4** forms that are not completed and signed will be returned to the student.

- Instructions and Checklist form (this form with students name, appropriate boxes checked and signed)
- Emergency Card Form
- Family Survey Form – Please read the letter prior to completing this form, included online in the packet
- Yondr Contract

2. Please check each item to indicate that you have read and that you agree with the terms as indicated on the forms. These forms are available under the Homeroom Packet link on our website. It is not necessary to print out all these forms.

A. Handbook Compliance and Governance Form

_____ We have reviewed the Handbook online

B. Use of Photography/Video/Image

_____ I **DO NOT** give my permission for my student(s) image to be used (as indicated on the opt out form)

C. Agreement for the Use of Computer and Telecommunications (select one)

_____ I consent (as indicated on the form)

_____ I **DO NOT** consent (as indicated on the form)

D. Release of Student Information

_____ I give my permission to release my student's information to College Institutions (as indicated on the opt out form, in this packet)

_____ I give my permission to release my student's information to the Military (as indicated on the opt out Form in this packet)

3. **The Packet** (Instructions/Checklist form, Emergency Card form and Family Survey, Yondr form) must be submitted to the student's Homeroom Teacher by **Tuesday, September 4, 2018**.

***Failure to return a completed, signed packet by the specified date will result in suspension from classes, as well as ALL extra-Curricular Activities (including athletic practices and events). No ND student ID card will be issued until the packet is completed and submitted.**

We have carefully reviewed and consent to the terms and conditions of the Handbook and all the listed forms. This form must be returned to the Homeroom Teacher.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Student Signature

Date

NOTRE DAME HIGH SCHOOL, INC.
EMERGENCY CARD

For the School Year 2018-2019

This form is for all school related activities and athletics – PLEASE PRINT LEGIBLY.

Section I: Student Information

Student Name: _____ NEW ADDRESS

Student e-mail : _____ Student Cellular Telephone: _____ - _____ - _____

Primary Address: _____

Birth Date: ____/____/____ Grade: 9 10 11 12 Church membership/Affiliation _____

Social Security Number _____ - _____ - _____ School District: _____ Last school attended _____

Section II: Parent / Guardian Information

Father's Name: _____ Check if Primary Contact.

Address: _____

Father E-mail: _____

Home Telephone: _____ - _____ - _____ Cellular Telephone: _____ - _____ - _____

Occupation: _____ Name of Employer: _____

Employer Address: _____ Work Telephone: _____ - _____ - _____

Mother's Name: _____ Check if Primary Contact.

Address: _____

Mother E-mail : _____

Home Telephone: _____ - _____ - _____ Cellular Telephone: _____ - _____ - _____

Occupation: _____ Name of Employer: _____

Employer Address: _____ Work Telephone: _____ - _____ - _____

Section III: Secondary Emergency Contact – Other than Parent

Contact's Name: _____ Relationship to Child: _____

Contact's E-mail: _____

Home Telephone: _____ - _____ - _____ Cellular Telephone: _____ - _____ - _____

Section IV: Medical Information / Medical Release

In a medical emergency, we hereby authorize Notre Dame High School to seek emergency medical assistance for our child if we cannot be reached. (If present in the household, both parents must sign and date below.)

Parent Signature and Date

Parent Signature and Date

Please keep a copy of this form for your records. **IMPORTANT:** Please update the school immediately if any information changes. If medical issues are pertinent to extra curricular activity or sport, please alert Nurse in Main Office and coach.

Doctor's Name _____ Telephone _____ - _____ - _____

Insurance Company _____ Hospital Preference _____

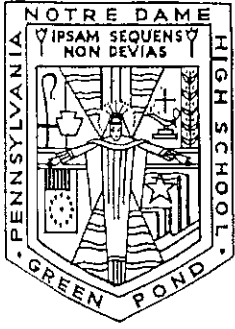
Policy # _____ Group # _____

List student's known allergies _____

List student's Medical conditions _____

List student's current Medications _____

➤ *If you wish any or all of the above information to be kept confidential, please alert Nurse-ext.127 or Main Office-ext. 110. Please remember to keep a current student emergency card on file. In case of an emergency, an up-to-date card will be invaluable. Must be returned to the Homeroom Teacher by September 4, 2018.*



NOTRE DAME HIGH SCHOOL

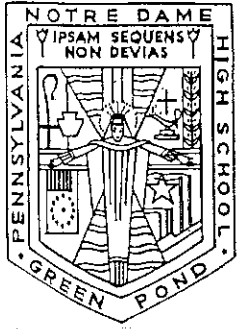
Member of the Middle States Association of Colleges and Secondary Schools
3417 Church Road, Easton, PA 18045
610 868-1431 Fax 610 868-6710 www.ndcrusaders.org

HANDBOOK COMPLIANCE AND GOVERNANCE FORM PARENTAL AGREEMENT 2018-2019

The 2018-2019 Notre Dame High School, Inc. Handbook complies with the rules and regulations of the Allentown Diocese and Notre Dame High School, Inc. The handbook is available on the Notre Dame website at www.ndcrusaders.org. As a parent of a student enrolled at Notre Dame High School, Inc., I (we) agree to be governed by the rules and policies stated in this handbook. As a student enrolled at Notre Dame High School, Inc., I (we) agree to be governed by the rules and policies as stated in this handbook.

**Notre Dame High School, Inc. or the Principal retains the right to amend this handbook if necessary.

Please mark the appropriate box on Checklist.



NOTRE DAME HIGH SCHOOL

Member of the Middle States Association of Colleges and Secondary Schools
3417 Church Road, Easton, PA 18045
610 868-1431 Fax 610 868-6710 www.ndcrusaders.org

OPT-OUT FORM TO PREVENT RELEASE OF STUDENT INFORMATION

Pursuant to federal law,¹ I request that student's directory information² NOT BE DISCLOSED without my prior permission, with the exception of (list specific directory information that may be disclosed):³

In addition, DO NOT DISCLOSE student's name, address and telephone number to Military recruiters and/or higher education.⁴

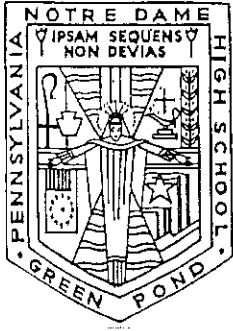
¹ The Family Educational Rights and Privacy Act (20 U.S.C. § 1232g) and the No Child Left Behind Act of 2001, 20 U.S.C. § 7098(a).

² Directory information may include the following: the student's name, address, telephone listing, date and place of birth, major field of study, participation in officially recognized activities and sports, weight and height of members of athletic teams, dates of attendance, degrees and awards received, and the most recent previous educational agency or institution attended by the student.

³ Parents and students have the right to prevent disclosure of any or all directory information. Any directory information elected to be disclosed without prior permission is public information.

⁴ Any information specifically listed as an exception may be released to military recruiters or institutions of higher education.

Please mark appropriate box(s) on Checklist.



NOTRE DAME HIGH SCHOOL

Member of the Middle States Association of Colleges and Secondary Schools
3417 Church Road, Easton, PA 18045
610 868-1431 Fax 610 868-6710 www.ndcrusaders.org

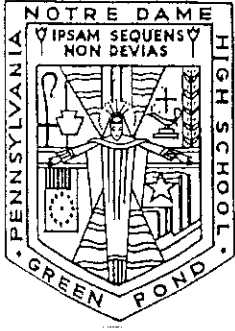
AUTHORIZATION FOR USE OF PHOTOGRAPH/VIDEO/IMAGE

I/we, the undersigned, hereby consent to the use of any video tapes, photographs, slides, audio tapes or any other audio or visual reproduction in which the above named individual may appear by Notre Dame High School, Inc. and the Diocese of Allentown. I understand that these materials may be used for promotional purposes including recruitment and fund-raising efforts or general publications. Promotion may include but is not limited to slide presentations, photo displays, internet promotions, electronic multi-media or billboard display.

I agree that the photograph/image shall be free for use and release Notre Dame High School, Inc. and the Diocese of Allentown, its employees, volunteers and agents for any liability connected with the use of said photograph or image.

Please mark box on Checklist if you do not wish your students image to be used.

Otherwise, by signing the Checklist your permission is given.



NOTRE DAME HIGH SCHOOL

Member of the Middle States Association of Colleges and Secondary Schools
3417 Church Road, Easton, PA 18045
610 868-1431 Fax 610 868-6710 www.ndcrusaders.org

Agreement for the Use of Computers and Telecommunications

Parental Consent

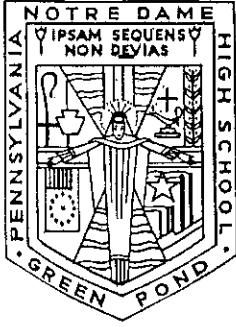
Notre Dame High School, Inc. has chosen to permit students access to computer and telecommunication resources to further its educational goals and objectives. Reasonable care has been taken to assure the appropriateness and educational quality of the material available through the use of educational software and telecommunications. However, parents and guardians are warned that Notre Dame High School, Inc. and the Diocese of Allentown 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, Notre Dame High School, Inc. supports and respects each family's right to decide whether or not their child may have access to this resource.

I am the guardian of the below named student. 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 Notre Dame High School, Inc.

Student Consent

I have read the Acceptable Use Policy for Computers and Telecommunication, I understand its significance, and I agree to voluntarily abide with 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.

Please mark appropriate box on Checklist



NOTRE DAME HIGH SCHOOL

Member of the Middle States Association of Colleges and Secondary Schools
3417 Church Road, Easton, PA 18045
610 868-1431 Fax 610 868-6710 www.ndcrusaders.org

August 1, 2018

Dear Parents:

Notre Dame High School participates in several Federal programs that provide your children with a variety of materials and services. It is one of the few ways in which they receive benefits from your tax dollars and we certainly don't want to lose this benefit. Please review the enclosed survey and simply answer Yes or No to the questions. This information is very important for us to continue receiving support from these programs. It is required before we can participate in Federal programs. All information will be kept in confidence.

Please return the form by September 4, 2018. Don't hesitate to call us if you have any questions about the survey.

Thank you for your assistance.

Sincerely yours, in Our Lady,

Andrew D'Angelo
Principal

FAMILY SURVEY

Persons in Family or Household Size	Annual Income
1	\$22,459
2	30,451
3	38,443
4	46,435
5	54,427
6	62,419
7	70,411
8	78,403
For each Additional Family Member Add	\$ 7,992
This may be a foster child, an emancipated youth, or a special education child over age 18	

Find your family size and the annual gross income level (at or below) listed beside it on the chart printed above.

Note: If you are paid on a weekly or monthly basis, please multiply that amount into an annual figure for comparison based on the weeks or months you actually work each year.

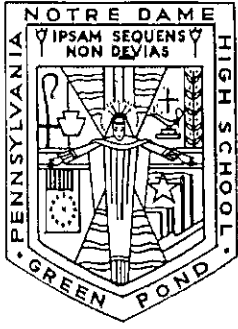
- | | YES | NO |
|---|--------------------------|--------------------------|
| A) Is your annual income less than this amount? | <input type="checkbox"/> | <input type="checkbox"/> |
| B) Is your family eligible for SNAP
(Supplemental Nutrition Assistance Program,
formerly food stamps)? | <input type="checkbox"/> | <input type="checkbox"/> |
| C) Are you receiving TANF Cash Assistance?
(Formerly AFDC or Public Assistance) | <input type="checkbox"/> | <input type="checkbox"/> |
| D) Are any of your children eligible to receive
medical assistance under the Medicaid
program? | <input type="checkbox"/> | <input type="checkbox"/> |
| E) We have not checked any of the above boxes because
we do not wish to share this information in writing. | <input type="checkbox"/> | |

Family Name (print): _____

Address: _____

Public school district in which you reside: _____

List names and grade level of your children in our school:



NOTRE DAME HIGH SCHOOL

Member of the Middle States Association of Colleges and Secondary Schools
3417 Church Road, Easton, PA 18045
610 868-1431 Fax 610 868-6710 www.ndcrusaders.org

August 1, 2018


Estimados Padres:

Notre Dame High School participa en varios programas Federales que le provee a sus hijos con una variedad de materiales y servicios. Esta es una de las maneras que ellos recibirán beneficios de los impuestos que ustedes pagan cada año y definitivamente no lo queremos perder. Por favor revise este formulario que le hemos enviado y simplemente conteste si o no a las preguntas. Esta información es bien importante para nosotros seguir recibiendo apoyo de estos programas. Se requiere esta información antes que podamos recibir asistencia Federal. Toda la información será confidencial.

Por favor regrese el formulario antes del día 4 de Septiembre. Si tienen alguna pregunta, puede comunicarse con nosotros.

Gracias por su cooperación.

Sinceramente suyo y nuestra senora,



Andrew D'Angelo
El Principal

ENCUESTA FAMILIAR

Numero De Personas en la Familia	Ingreso Anual
1	\$22,459
2	30,451
3	38,443
4	46,435
5	54,427
6	62,419
7	70,411
8	78,403
Por cada Miembro Familiar Adicional, Añada	\$ 7,992
Este puede ser un hijo adoptivo, un joven independiente, o un hijo sobre la edad de 18 años que requiera educación especial	

Encuentre el número que indica la cantidad de personas en su familia y su ingreso anual (en o por debajo de) en la lista que encuentra al lado de la tabla localizada abajo.

Nota: Si usted es pagado semanalmente multiplique esa cantidad por el número de semanas que usted trabaja en un año. Si usted es pagado mensualmente, multiplique esa cantidad por el número de meses que usted trabaja en un año.

- | | SI | NO |
|---|--|--------------------------|
| A) Es su ingreso anual <u>menos</u> que esta cantidad? | <input type="checkbox"/> | <input type="checkbox"/> |
| B) Llena su familia los requisitos para recibir cupones de alimentos, (SNAP)? | <input type="checkbox"/> | <input type="checkbox"/> |
| C) Recibe usted asistencia de dinero (TANF) conocido antes como asistencia bajo el programa de ayuda para familias con hijos dependientes (AFDC)? | <input type="checkbox"/>
(Asistencia pública) | <input type="checkbox"/> |
| D) Llena alguno de sus hijos los requisitos para recibir asistencia médica bajo el programa "Medicaid" (Seguro de enfermedad)? | <input type="checkbox"/> | <input type="checkbox"/> |
| E) No hemos contestado las preguntas porque no queremos dar esta información por escrito. | <input type="checkbox"/> | |

Apellido de la familia (escriba en letra de molde): _____

Dirección: _____

Distrito escolar donde usted reside: _____

Escriba el nombre y el nivel de curso de sus hijos que asisten a nuestra escuela:

YONDR
BE HERE NOW



The Yondr Commitment

I, _____, am a student at **Notre Dame High School**.

My school has adopted the use of Yondr to create a phone-free space for our community. The goal is to:

- Increase focus on classroom instruction
- Increase engagement with my peers and the staff
- Reduce the number of distractions in our learning spaces

I am committing to be a part of this movement for a phone-free space so that I can be fully engaged in my school community.

Student Signature

Date