

AUGUSTINIAN ACADEMY

317 West Street
Carthage, NY 13619
September 7, 2021

Phone 315-493-1301
Fax 315-493-0632

PRINT FAMILY NAME _____

Please find all policies and procedures at the link below:

<https://www.c-augustinian.org/policies>

I HAVE READ & UNDERSTAND ATTENDANCE POLICY

SIGNATURE OF STUDENT(S) _____

SIGNATURE OF PARENT _____

I HAVE READ & UNDERSTAND DRESS CODE

SIGNATURE OF STUDENT(S) _____

SIGNATURE OF PARENT _____

I HAVE READ & UNDERSTAND THE CODE OF CONDUCT

SIGNATURE OF STUDENT(S) _____

SIGNATURE OF PARENT _____

From time to time photographs and/or videos are taken of school events and are published in the media. In order for us to use a picture of you or your child, we need permission.

___ I GIVE my permission to Augustinian Academy to publish photographs and/or video of my family.

___ I DO NOT GIVE my permission to Augustinian Academy to publish photographs and/or video of my family.

PESTICIDE

___ YES – I would like to receive PRIOR notification of pesticide application

___ NO – I DO NOT NEED prior notification of pesticide application

“In compliance with the requirements of AHERA (Asbestos Hazard Emergency Response Act) you are hereby notified that a management plan and supportive data prepared in accordance with the requirements of the law are on file in our school office. Every six months the school conducts a surveillance of the asbestos areas to detect any changes in its condition. The school also carries out a complete re-inspection of all asbestos areas every three years; a three year re-inspection was completed on June 06, 2019.”

PARENT INITIAL ASBESTOS NOTIFICATION _____

➤ CONTINUED ON OTHER SIDE

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TECHNOLOGY

I HAVE READ & UNDERSTAND THE INFORMATIONAL LETTER ABOUT TECHNOLOGY USE AT AUGUSTINIAN ACADEMY.

I have also received a copy of the non-Google core applications that may be used. I understand I can view the Google Workspace for Education Privacy Policy at https://workspace.google.com/terms/education_privacy.html

SIGNATURE OF STUDENT(S) _____

SIGNATURE OF PARENT _____

I HAVE READ & UNDERSTAND THE STUDENT/PARENT PLEDGE FOR RESPONSIBLE USE & RESPONSIBLE USER AGREEMENT

I understand that violations of these agreements may result in revocation of technology privileges and disciplinary action IAW the Code of Conduct and that we will be financially responsible for any damage to technology devices due to negligence or non-compliance with agreements.

SIGNATURE OF STUDENT(S) _____

SIGNATURE OF PARENT _____

I HAVE READ & UNDERSTAND THE ACCEPTABLE USE POLICY

SIGNATURE OF STUDENT(S) _____

SIGNATURE OF PARENT _____

I HAVE READ & UNDERSTAND FAMILY INTERNET SAFETY PACT

SIGNATURE OF STUDENT(S) _____

SIGNATURE OF PARENT _____