## PARENT/STUDENT CONTRACT WITH SCA

We	have rea	d and discussed the
Mission Statement of Saint Catherine Acad	demy and the policies deemed	necessary to achieve the
goals emanating from the Mission States	ment. We understand and ag	ree that acceptance and
continued enrollment at Saint Catherine A	cademy is conditional on, amo	ong other things, abiding
by the policies and rules contained in the	Student Policy Handbook of S	aint Catherine Academy
which we fully understand and fully agree	with. We agree to be bound b	by all of the policies and
rules contained in the Student Policy Hand	dbook as well as any subseque	ent addenda thereto. We
further understand and agree that not abidi	ing by the policies and rules se	t out in the SCA Student
Policy Handbook can result in the discha	arge of the student from SCA	. All the parties hereto
agree that this contract shall remain in ef	fect for the entire time the stu	dent is enrolled at Saint
Catherine Academy.		
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Lalone 1. likel		
Principal's signature for and on behalf of S	SCA	
Parent/Guardian Name (printed)	Parent/Guardian Signature	Date
Student Name (printed)	Student Signature	Date of Entry
Student Name (printed)	Student Signature	Date of Entry
Student Ivanie (printed)	Student Signature	Date of Lifty
	1	
Student Name (printed)	Student Signature	Date of Entry
Witness Name (printed) to all signatures	Witness' Signature	Date

set out above

# **SCA School Uniform Pattern**





Loop to hang the tie. Different color ties correspond to different forms.

Please <u>make sure</u> the uniform hem is <u>below the knee</u>. Allow a large hem in case the material shrinks and when the child grows it may be brought down to the **correct length.** 

Inside pocket could be on the right or left side.

<u>Do not</u> make uniforms out of very thin material. White slips <u>should be</u> worn under uniforms. Boxers are not allowed.

Ties, pins, P.E. shorts & shirts are sold in the SCA shop.

Students must wear a plain black enclosed shoe. Heels should be 2" or less in height and must either be wedge or square heeled. Spike heels are not acceptable as they pose a hazard for movement up and down the stairs.

Plain white socks must be worn 2" above the ankle bone.

One pair of stud earrings, one bracelet, one necklace may be worn.



# SCA SCHOOL MEMO



(PLEASE RETURN THE FOLLOWING SCHOOL DAY AFTER ABSENCE or TARDY)

Name of Student:		Today's Date:
		Class:
REASON FOR ABSENCE OR TARI		
SICKNESS 📦		(SPECIFY)
		(SPECIFY)
MEDICAL APPOINTMENT		(DISMISSAL/RETURN TIME)
DENTAL APPOINTMENT		(DISMISSAL/RETURN TIME)
FUNERAL		(DISMISSAL/RETURN TIME)
OTHER (SPECIFY REASON)		(SISINISSAL/RETORIV HIVIE)
XParent Signature and number		(Attendance Office date received :)
	SCA contacts: 2231758	/2234908 or email administration@sca.edu.bz
Memo Form) of explanation signed b	o 11:00am. Upon return to wher parent/guardian and	ent's parent/guardian MUST notify the Attendance school, the student <i>MUST bring a note (School give it to her homeroom teachers</i> . This note in One demerit and one hour PT will be issued for
1	MEDICAL OR DENTAL APPOI	NTMENTS
encourage students to notify the a School Memo Form.	ttendance Office in advanc	e of any upcoming appointments. We
The student will bring a note (Sch These requests should be conside	col Memo Form) signed by	her parent/guardian to the Attendance Office

### ABSENCES: Attendance Office

In the event of absence due to illness or other necessity, the student's parent/guardian MUST notify the Attendance Office between the hours of 8:30am to 11:00am. Upon return to school, the student *MUST bring a note (School Memo Form) of explanation signed by her parent/guardian and give it to her homeroom teachers*. This note in addition to a phone call, is a written record for the student's file. One demerit and one hour PT will be issued for any overdue note.

#### MEDICAL OR DENTAL APPOINTMENTS

The student *MUST have* <u>both</u> a note from her parent/guardian AND the doctor confirming appointments. We encourage students to notify the Attendance Office in advance of any upcoming appointments by using the School Memo Form.

## OFF CAMPUS AND EARLY DISMISSAL PERMITS

- The student will bring a note (School Memo Form) signed by her parent/guardian to the Attendance Office. These requests should be considered *EXTRAORDINARY*. The reason for leaving campus, time of departure and approximate time of return, should be included in this request.
- A medical or dental appointment is excused but it must be confirmed by a note from the parent (School Memo Form) and note from the doctor. All efforts should be made to schedule appointments after school except for emergencies.
- Saint Catherine Academy is a closed campus school. Students are required to be present unless prior written permission from the parent or guardian to leave school is received. Students who are off Campus without permission will be placed on In-School Suspension and on Disciplinary Probation. The student may be asked to withdraw.
- € Only Individuals listed on the SCA emergency form will be allowed to have students released to them.



# SCA SCHOOL MEMO



(PLEASE RETURN THE FOLLOWING SCHOOL DAY AFTER ABSENCE or TARDY)

Name of Student:	Today's Date:
Date(s) Absent/Tardy:	Class:
REASON FOR ABSENCE OR TARDY:	(CHECK ONE)
SICKNESS	(SPECIFY)
	(SPECIFY)
MEDICAL APPOINTMENT	(DISMISSAL/RETURN TIME)
DENTAL APPOINTMENT	(DISMISSAL/RETURN TIME)
FUNERAL	(DISMISSAL/RETURN TIME)
OTHER (SPECIFY REASON)	
K Tea	cher (Attendance Office date received :
Parent Signature and number	

SCA contacts: 2231758/2234908 or email administration@sca.edu.bz



# SCA Student Emergency/Disaster Card (Please fill in form carefully and legibly in print.)



Student's Last Name	Student's First Name	Student's Middle Nar	ne(s) Class
Home Address	City/Town	n, District	Student's Email Address
This student lives with:  Both Parents  Mother & Step	☐ Mother Only Father ☐ Father & Step	☐ Father O  Mother ☐ Guardian	
Mother's/Step Mother's Last	Name Mother's/Step Mot	her's First Name Mo	ther's/Step Mother's Signature
Home Phone	Work Phone	Cell Phone	Email Address
Home Phone	Work Phone	Cell Phone	Email Address
If student lives with Guardia	n, please fill out this part of the fo	rm:	
Guardian's Last Name	Guardian's First Na	me Gua	rdian's Signature
Home Phone	Work Phone	Cell Phone	Email Address

	ase of Emergency: to KHMH via ambulance if parent cannot		NY )
Medical Problems or Condition Student has:  PERSONS AUTHORIZED TO PICK UP YOUR CHILD IN CASE OF EMERGENCY: (In case of illness, accident and I cannot be reached the following persons may act in my absence and my daughter/ward may be released from school if necessary.			
Last Name	First Name	F	Relationship to Child
Home Phone	Work Phone	Cell Phone	Email Address
Last Name	First Name	F	Relationship to Child
Home Phone	Work Phone	Cell Phone	Email Address
Last Name	First Name	F	Relationship to Child
Home Phone	Work Phone	Cell Phone	Email Address
in an emergency or call an emergency.  In the event of an emergency  To remain in so To take public To walk to the She may drive Other, Please expenses to be notifit teacher will call or text	d from the Marine Parade. Parents on one of the authorized persons to gency or disaster, I would like the formal to the desired person on example the formal to the formal	ollowing procedure for memergency form picks he ome of one of the persons we if it is safe to do so, thorized person listed above ee system in the event of	r up. s listed above. ove.
		er/ward class. I will th	en ensure that the other parents are



## SAINT CATHERINE ACADEMY

## CELL PHONE AUTHORIZATION REQUEST FORM

Please complete the form to apply for authorization to bring a cell phone to school. The form is to be signed by both parent(s)/guardian(s) and student and submitted to the accounts office.

Name of Parent/Guardian:		Relation:
Contact Number:		Occupation:
Address:		
-/-		
tudent Information		
MANUAL INC. TO MANUAL INC.		
Name of Student:		Student ID#:
Name of Student:		Student ID#:
Class:		
Class:	Student Responsible:	
Class:	Student Responsible:	
Class:  Cell Phone Information  Phone Brand:  Number:	Student Responsible:	Model:

### **Terms & Conditions**

- 1. The Cell Phone Authorization Form must be completed and signed by both the Parent(s)/Guardian(s) and student.
- 2. Only ONE cell phone per student may be registered and submitted.
- 3. An account will be assigned to each respective cell phone bearing an identification number unique to each student.
- 4. Each student will be issued one bubble envelope to enclose her phone with this agreement. A replacement fee will be charged for subsequent envelopes.
- 5. A monthly fee of \$15.00 must be paid for each month based on the period requested by the parent.
- 6. A security deposit to be paid in advance of \$20.00 will be required, in addition to the first and last month's payments for the requested period.
- 7. Each phone will be insured up to the value of one hundred, fifty dollars (\$150.00); in the event that it is lost or stolen while in the school's possession.
- 8. Phones will be held from 7:45 am to 3:45pm. They should be deposited in the morning and collected after messages by 3:45 pm.
- 9. Phones should be turned off before they are turned in.
- 10. Failure to adhere to the terms set forth in this form will result in termination of the contract.
- 11. The school is responsible for the phone only during normal working hours, 7:45 am to 3:45 pm.

### **Payment Method**

☐ I/We have read and accepted the te	erms and conditions set forth in this document	
Parent/Guardian's Signature	Student's Signature	
Date	Date	
	OFFICAL USE ONLY	
pproved by:	Date:	
pproved by:	Date:	Stamp Here



## Internet Use Agreement

Student I understand and will abide by the above Internet Use a of the regulations is unethical and may constitute a critiaccess privileges may be revoked, school disciplinar action.	minal offence. Should I commit any violation, my
Student's Name:(Please Print)	
(Please Print)	
Student's Signature:	Date:
Parent or Guardian	
As the parent or guardian of the above-signed stud understand that access is designed for educational pur restrict access to all controversial materials and I wacquired from the network. I hereby give my permissi Internet while she is a student at SCA.	poses. I recognize that it is impossible for SCA to will not hold the school responsible for materials
Parent/Guardian's Name:	
(Please Print)	
Signature:	Date:
Please Note: This agreement is valid for the entir SCA.	
(Return Signed Page to the Business Office)	



#### **Tablet Usage Agreement**

Saint Catherine Academy understands the importance and relevance of technology in the classroom and in any other form of Education. With this in mind, the appropriate use of approved electronic devices and technology is acceptable. Please read carefully, sign and return to the Main Office.

### **Appropriate Usage**

- 1. The tablet may be used to store e-books which may be used in class.
- 2. The tablet may be used to take picture of notes where permission is clearly granted by the teacher.
- 3. The tablet may be used to record videos in class only where permission is clearly granted by the teacher.

### **Inappropriate Usage**

- 1. The tablet may not be used as a camera (except for the authorized picture taking of notes).
- 2. The tablet may not be used to do any type of recreation such as playing games.
- 3. The tablet may not be used to play or record music/videos.
- 4. The tablet is not to be used as a telephone or for any type of communication.
- 5. The use of online access is strictly prohibited.
- 6. Taking pictures of teachers is strictly prohibited.
- 7. Tablets are not allowed on Retreats or Search.
- 8. Any other act which is not in line with appropriate conduct by the faculty and staff at SCA will be considered a violation of the agreement.

The above serves as guidelines for the usage of the tablet in school. Saint Catherine Academy will accept no liability should the device be damaged. Each student must accept full responsibility for the safety and care for her device. The usage policy applies for as long as a student is in our care. This includes break and lunch. Violations of this usage agreement will be handled as outlined in the Student Handbook.

Student Name:	Name of Parent/Guardian:
I have read carefully, and agree to the term	ms of use outlined by the above usage agreement.
	Date:
Parent's/Guardian's Signature	