

SMHS Student and Parent Handbook Agreement

Please fill out, sign and return this page to the SMHS school office by Thursday, August 6, 2020.

PLEASE PRINT.

Student name: _____ Grade in 2020-2021 _____

Student name: _____ Grade in 2020-2021 _____

Student name: _____ Grade in 2020-2021 _____

Mother's name: _____ Email _____

Father's name: _____ Email _____

Parent Broadcast Telephone Number for Family: _____

By our signatures below, we declare that we have read, understood, and agree to abide by the rules and procedures of St. Michael the Archangel Diocesan Regional Catholic High School and agree that the rules and policies outlined herein this handbook **and the Safe Return to School Handbook Addendum for the 2020-2021 school year** are the material condition of the contractual agreement between the school, the student, and his/her parent/guardian. **We also declare that we specifically acknowledge and agree to the COVIC-19 Consent and Liability Waiver contained in this handbook.** The administration of SMHS has tried to be as explicit as possible, but during the course of the school year, new and unusual circumstances may arise. The principal has the authority to use discretion in making decisions regarding unforeseen circumstances. Further, the principal has the authority to waive and/or deviate from any and all disciplinary regulations for just cause at his/her discretion. The principal may also amend the Student-Parent Handbook on the website if such changes are made. SMHS is owned and operated by the Catholic Diocese of Baton Rouge and is governed by the rules and regulations in the Administrative Manual of the Catholic Schools Office. For any questions, please contact the school office at (225) 753-9782.

PLEASE sign:

Student _____ Student _____

Student _____ Student _____

Mother _____ Father _____

Date of signatures _____

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SMHS MEDICATION FORM

Please fill out, sign and return this page to the school office by Thursday, August 6, 2020, if applicable.

PLEASE PRINT.

Unless this is filled out and signed by a medical physician, SMHS cannot dispense ANY medication whatsoever.

Student _____

Student _____

Medicine to be given:

Medicine to be given:

Rx _____

Rx _____

Dosage _____

Dosage _____

Frequency _____

Frequency _____

YES NO Given as a "non-complex medical service?"

YES NO Given as a "non-complex medical service?"

YES NO School personnel distribute?

YES NO School personnel distribute?

YES NO "Inhalant" must be in possession of student for emergency reasons?

YES NO "Inhalant" must be in possession of student for emergency reasons?

Any side effects ?

Any side effects ?

YES NO "Epipen" must be in possession of student for emergency reasons?

YES NO "Epipen" must be in possession of student for emergency reasons?

Print Name of Physician: _____ Phone Number: _____

Signature of Medical Physician: _____ Date of signature: _____

Signature of Parent _____

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