

PARENT, STUDENT AND TEACHER CONTRACT

2016-2017



As the **parent** of a student enrolled in school at Prince of Peace Lutheran School I agree to do the following:

- monitor and assist my child in the completion of all required homework.
- uphold all of the requirements in the Parent-Student Handbook and assist my child in adhering to them.
- complete 5 hours per quarter (20 hours per year) of volunteer time on campus (a fee of \$25.00 per hour will be assessed for any deficient hours).

As a **student** enrolled in school at Prince of Peace Lutheran School I agree to do the following:

- complete all of the required homework and class work.
- follow all of the rules and requirements stated in the Parent-Student Handbook to the best of my ability.

As an **educator** called to service at Prince of Peace Lutheran School I agree to do the following:

- assist in the completion of all required student home and class work.
- uphold all of the rules and requirements in the Parent-Student Handbook.
- assist in the direction of volunteer needs for the parents of students enrolled at school.

Signatures:

Parent: _____ Date: _____

Student: _____ Date: _____

Teacher: _____ Date: _____

Principal: _____ Date: _____

AUTHORIZATION FORM



The **Simply Giving** Program
 endorsed by
 Thrivent Financial Bank

FOR OFFICE USE ONLY		DATE: _____	
Prince of Peace Lutheran School		504757505-02	
Effective date of authorization: ____/____/____		Name of Student: _____	
Last Name	First Name		
Address			
City	State	Zip	
Email	Phone		
TUITION PAYMENT PLAN GRADE SCHOOL & PRESCHOOL:			One-Time Registration Fee for 2016-2017 (returning families only)
<p style="text-align: center;"><u>Monthly Plan:</u> <i>(check one)</i> <u>Monthly Amount:</u> <u>Payment Date:</u> <i>(check one)</i></p> <p><input type="checkbox"/> 10 month (August – May) (Grade School Only) <small>per tuition worksheet</small> <input type="checkbox"/> 1st of the month</p> <p><input type="checkbox"/> 9 month (September – May) (Preschool Only) <small>per tuition worksheet</small> <input type="checkbox"/> 5th of the month</p>			<div style="border: 2px solid black; width: 40px; height: 40px; margin: 0 auto;"></div> Amount: _____
<u>Extended Care and Volunteer Hours Clarification</u>			
Extended Care invoices are generated at month's-end and transactions are settled on the 15 th of the following month. Delinquent volunteer hours may be billed and settled at the end of the school year.			
CHECKING / SAVINGS	<p><u>Please debit payment from my:</u> <i>(check one)</i></p> <p><input type="checkbox"/> Checking Account <i>(attach a voided check <u>or</u> a letter from your banking institution showing your name and the routing number of your account)</i></p> <p><input type="checkbox"/> Savings Account <i>(attach a deposit slip <u>or</u> letter from your banking institution showing your name and the routing number of your account)</i></p>		

Automatic ACH Debit Transactions

The undersigned parent(s) / Legal guardians(s) authorize Prince of Peace to initiate debit entries to the account specified above. The undersigned understand if there are insufficient funds in the specified account, the undersigned will be charged all applicable insufficient fund fees. In the case of insufficient funds, the undersigned understand that they will be required to make payment in full (plus applicable insufficient fund fees) by cash, cashier's check or money order within three business days of notification from Prince of Peace. Failure to make such cash payment will result in the immediate out-of-school suspension of the student(s) for whom the payments are late. This out-of-school suspension shall last until good funds are received for all outstanding payments.

Authorized Signature: _____ Date: _____

INTERNET CONSENT

2016-2017



The following guidelines have been developed to help students have a safe and beneficial experience while using the Internet. Please read through the guidelines with your child and discuss the importance of following them.

1. Any student wishing to use the Internet must have the consent form signed and dated by both the child and parent.
2. Students must receive permission from the teacher before using the Internet.
3. Students will use the Internet solely for educational purposes.
4. For a student to use the Internet, a teacher must be present in the room.
5. Students are prohibited from accessing any inappropriate sites. (i.e. pornography, hate groups, etc...) Let the Word of the Lord guide you!
6. Students will not be allowed to access email accounts unless cleared by the teacher first. (Access could be allowed by the teacher in the event of an assignment which would use email.)
7. Students may not, under any circumstances, download any programs without prior consent from the supervising teacher.
8. Students who unintentionally access inappropriate material while on the Internet must immediately inform the teacher.
9. Any student not following the above guidelines will lose the privilege of accessing the Internet. Any flagrant abuse of the guidelines will result in more serious consequences.

Please sign, date and return the bottom portion of this form to the school office. Please keep the top portion for your reference.



Internet Consent

I have read the Internet guidelines and understand them. I have also discussed them with my child and he/she understands them.

Parent's Signature

Date

Child's Signature

Grade

UTAH SCHOOL IMMUNIZATION RECORD



This record is part of the student's permanent school record (cumulative folder) as defined in Section 53A-11-304 of the Utah Statutory Code and shall transfer with the student's school record to any new school. The Utah Department of Health and local health departments shall have access to this record. This immunization record may be entered into the Utah Statewide Immunization Information System (USIIS).

Student Information

Student Name _____ Gender Male Female Date of Birth _____

Name of Parent/Guardian _____

Vaccine Information

VACCINE	Record the month, day, & year vaccine was given.				
	1 st	2 nd	3 rd	4 th	5 th
DTP, DTaP, DT, TD, Tdap <small>(D-Diphtheria, T-Tetanus, P-Pertussis, aP-acellular Pertussis)</small>					
Tdap or Td Booster				<small>Tdap is preferred for the 7th grade requirement, but Td is acceptable.</small>	
Polio (IPV or OPV)					
Haemophilus Influenzae b (HIB)					
Pneumococcal					
Measles, Mumps, and Rubella (MMR)* <small>1st dose must be received on or after the 1st birthday</small>			<small>*If vaccine is given in the combined form (MMR), enter the complete date in the appropriate MMR box. **If vaccine is given as a single antigen, enter the date(s) in the appropriate boxes.</small>		
Measles (Rubeola, 10 day, red measles)**					
Mumps**					
Rubella (German measles, 3 day measles)**					
Hepatitis B (HBV)					
Varicella (Chickenpox) <small>1st dose must be received on or after the 1st birthday</small>					
Hepatitis A (HAV) <small>Must be received on or after the 1st birthday</small>					

SCHOOL AND EARLY CHILDHOOD PROGRAM USE ONLY:

1. ALL REQUIREMENTS MET date: _____
 Adequately Immunized
Or Exemption was granted for:
 Medical (Expires* on: _____)
 Religious
 Personal
 2. Conditional Admission date: _____
 3. Not-in Compliance date: _____
- *If exemption is temporary, student is conditionally Admitted; enter date in (2) and leave (1) blank/

Disease Verification:

My child has history of the chickenpox disease, and therefore, does not need the Varicella vaccine.

Signature of Parent/Guardian _____

Age of child at time of disease: _____

Record Source Physician Registered Nurse Health Dept.

I have reviewed the records available and to the best of my knowledge, this student has received the above immunizations

Authorized Signature: _____ **Date:** _____ **Title:** _____

INSTRUCTIONS: This form must be completed for enrollment in schools and early childhood programs.

Student Information: Fill in (print or type) student's name, gender, and date of birth, and name of parent/guardian.

Vaccine Information:

a. The minimum required immunizations for *school* entry include (see interval table in the Immunization Guidebook for required spacing of doses):

- **5 doses of DTaP/DTP/DT/Tdap** – 4 doses are acceptable, if the 4th dose was given after the 4th birthday; 3 doses of Td are required, if started after age 7 years.
- **1 booster dose of Tdap or Td** – required for students born after July 1, 1993, prior to 7th grade entry.
- **4 doses of Polio** – 3 doses are acceptable, if the 3rd dose was given after the 4th birthday.
- **2 doses of Measles** – required for all students kindergarten through grade 12. The 1st dose of measles containing vaccine must be given on or after the 1st birthday.
- **2 doses of Mumps** – required for all students kindergarten through grade 12. The 1st dose of mumps containing vaccine must be given on or after the 1st birthday.
- **2 doses of Rubella** – required for all students kindergarten through grade 12. The 1st dose of rubella containing vaccine must be given on or after the 1st birthday.
- **3 doses of Hepatitis B** – required for students born after July 1, 1993, prior to entering kindergarten. Required for students born after July 1, 1993, prior to 7th grade entry.
- **1 dose of Varicella (chickenpox)** – required for students born after July 1, 1996, prior to entering kindergarten. Required for students born after July 1, 1993, prior to 7th grade entry. The 1st dose must be given on or after the 1st birthday. Parental history of the disease is acceptable. Parent/guardian must sign on reverse side verifying history of chickenpox disease.
- **2 doses of Hepatitis A** – required for students born after July 1, 1996, prior to entering kindergarten. The 1st dose of Hepatitis A must be given on or after the 1st birthday.

b: Children enrolled in *Early Childhood Programs* must be immunized appropriately for their age for the following antigens:

Diphtheria, Tetanus, Pertussis, Polio, Measles, Mumps, Rubella, Haemophilus Influenzae type b (Hib), Hepatitis A, Hepatitis B, Pneumococcal, and Varicella.

c. Written proof is required to verify the student's immunizations. Any immunization record provided by a licensed physician, registered nurse, or public health official will be acceptable as written proof required to verify the student's immunizations.

d. Transcribe the month, day, and year of each immunization received by the student into the appropriate box.

Record Source: Indicate source of original records.

Authorized Signature: This is the signature of the school or health personnel who verified the USIR against the source records.

School and Early Childhood Program Use Only:

1. **ALL REQUIREMENTS MET:** Requirements are met by either up-to-date immunizations on the first day of school **or** by obtaining a religious, personal, or permanent medical exemption. If all immunizations are up-to-date, enter the date for ALL REQUIREMENTS MET and check the box for "Adequately Immunized." If the student has an exemption, check the box for the type of exemption, enter the date for ALL REQUIREMENTS MET, and follow the Exemption Procedures. If the medical exemption is permanent, enter NA for expiry date. If the medical exemption is temporary, follow the instructions for CONDITIONAL ADMISSION and do not enter an ALL REQUIREMENTS MET date.

Exemption Procedures:

MEDICAL EXEMPTION: If a medical exemption is claimed, a Medical Exemption Form must be completed and signed by the student's licensed physician (Utah Statutory Code – Section 53A-11-302). The Medical Exemption Form may be obtained from the student's physician. It must indicate whether the exemption is for one or all immunizations. The WHITE and YELLOW copies will be given to the parent/guardian. The parent/guardian will present the WHITE copy to the school or early childhood program official. The WHITE copy must be attached to this record. The YELLOW copy is for the parent/guardian. The PINK copy will remain in the child's medical record.

RELIGIOUS EXEMPTION: If a religious exemption is claimed, a Religious Exemption Form must be completed and signed by the parent/guardian. The Religious Exemption Form may be obtained from a local health department. A local health department representative must witness and sign the Religious Exemption Form giving the WHITE and YELLOW copies to the parent/guardian. The parent/guardian will present the WHITE copy to the school or early childhood program official. The WHITE copy must be attached to this record. The YELLOW copy is for the parent/guardian. The PINK copy will remain with the local health department.

PERSONAL EXEMPTION: If a personal exemption is claimed, a Personal Exemption Form must be completed and signed by the parent/guardian. The Personal Exemption Form may be obtained from a local health department. A local health department representative must witness and sign the Personal Exemption Form giving the WHITE and YELLOW copies to the parent/guardian. The parent/guardian will present the WHITE copy to the school or early childhood program official. The WHITE copy must be attached to this record. The YELLOW copy is for the parent/guardian. The PINK copy will remain with the local health department.

2. **CONDITIONAL ADMISSION:** If all requirements have not been met, but the student has received at least one dose of each required vaccine, enter "Conditional Admission" date and explain the process of completing the required immunizations to the parent/guardian. If a student has a temporary medical exemption they are eligible for CONDITIONAL ADMISSION. Enter the exemption expiry date and enter "Conditional Admission" date. Upon expiration of temporary status, immunizations will be required.

3. **NOT-IN-COMPLIANCE:** On the first day of school, if all requirements have not been met and the student is more than one month past due for any immunization, the student is Not-in-Compliance and must be excluded from school. Enter the "Not-in-Compliance" date. If the student subsequently completes all required immunizations, status can be changed to ALL REQUIREMENTS MET. Enter the date and check the box for "Adequately Immunized" and cross through the "Not-in-Compliance" date.

Disease Verification: Parent/guardian must sign on reverse side verifying history of chickenpox disease.