



# *Your Opportunities Await at* **St. Mary's High School**

142 Laverack Avenue • Lancaster, N.Y. 14086

Phone: (716)683-4824 • Fax: (716)683-4996

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Dear Future Lancer,

On behalf of the entire St. Mary's High School Family, including our deep and successful alumni base, I congratulate you on your acceptance into St. Mary's High School.

As an alumnus of St. Mary's, I have been afforded a tremendous opportunity to come back to work at a place that I am very passionate about. Challenging our students to excel and do great things is something I truly look forward to each day.

I am very fortunate to have a dynamic and collaborative leadership team around me. This team, coupled with our very talented faculty and staff, allows us to uphold our mission to provide a first class, faith-based college preparatory education, while affording as many opportunities as possible to become tomorrow's leaders. The genuine family feel existing in our hallways, combined with the unique spirit and strong sense of community here at St. Mary's, allows us to accomplish many wonderful things in an enjoyable and supportive atmosphere. We work hard and have fun while we do it.

At St. Mary's, you will of course find a challenging and innovative curriculum, with mandated courses that teach important life skills, like leadership and public speaking. Yet we also pride ourselves on not being solely a learning institution. Your time at St. Mary's will afford you incomparable life experiences as well, full of endless extra-curricular possibilities within the school and in the community: service trips abroad, college tour programs, and senior trips are just a few of the wonderful platforms where students are able to learn about life through travel.

I am honored beyond words to be leading this great school, with its proud history, successful and supportive alumni base, the engaging faculty and staff, and most importantly, its incredibly talented and inspiring students.

Once again, please accept my most heartfelt congratulations on your acceptance. St. Mary's High School graduates have the intellectual ability, the self-confidence of a real world co-ed experience, and the leadership skills to succeed in college and in life. You and your family should be extremely proud of your accomplishments. I look forward to getting to know you and watching you grow and do GREAT THINGS over the next four years!

If you have any questions about your upcoming time here at St. Mary's, please don't hesitate to call or email me at 716-683-4824 x249 or [kkelleher@smhlancers.org](mailto:kkelleher@smhlancers.org).

Sincerely,

Kevin Kelleher, '89  
Head of School, St. Mary's High School



# CHECKLIST FOR REGISTRATION

**\*\*\*Please complete and submit this packet by Friday, April 16, 2021 in order to secure your student(s) place at St. Mary's High School.\*\*\***

## **Business Office**

- (2) Tuition & Registration Policies Forms
- Registration Fee
- Activity Fee (Referee fees, uniforms, moderators, club consumables, coaches' stipends, etc.)

## **Guidance Office**

- Freshman Course Request Form
- Calculator Information
- Foreign Language Course Selection
- Authorization to Release Student Information
- Academic Accommodation Form

## **Health Office**

- A copy of your Birth Certificate*
- Health and Emergency Update Form
- Physical/Health Certificate/Appraisal Form
- Administration of Medication in School
- Dental Health Form
- Requirements for Freshman Athletes
- Athletic Notification Form
- Authorization For Use or Disclosure of Health Information (grey)

## **Registrar Office**

- Registration Form
- Consent To Release Names, Photos, Videotape Recordings and/or Biographical Info
- Textbook Request Form
- School Messenger Form

## **Chromebook/Tec**

- Acceptable Technology Use Policy for Students
- Technology Fee (Acquisition, installation and maintenance of current and emerging technologies to enhance student learning. This fee supports school wide technology including but not limited to digital services such as internet access, e-mail, online security, software, computer labs and wireless networks. Even when the student is not physically in school, their e-mail account is still active and protected.)

## **Uniforms**

Book Store

## **Transportation**

\*Families need to contact their public school transportation department by April 1<sup>st</sup> to secure transportation for the 2021-2022 school year.

\*Families will be contacted regarding Buffalo (Metro) transportation after registration has been completed.



# St. Mary's High School

## TUITION & REGISTRATION POLICIES 2021-2022

- PLEASE COMPLETE AND RETURN TO ST. MARY'S -

**STUDENT** (last, first) \_\_\_\_\_  
(Please print)

Grade entering: \_\_\_\_\_

The undersigned hereby accepts responsibility for tuition payment for the above named student at St. Mary's High School for the 2021-2022 school year. I attest that the student is of good moral character and that all information submitted on his/her behalf is correct to the best of my knowledge. I agree to abide by the payment terms set forth by St. Mary's High School as follows:

A **\$500** registration fee and the **\$200** Technology fee are **due by Friday, April 16, 2021**. This registration fee is a tuition deposit that is **NON-REFUNDABLE** and is deducted from your tuition. This payment secures your student(s) place at St. Mary's and can be made online at [here](#). [Please contact the Dean of Student Life and Enrollment, Andrea Drabik](#) at [adrabik@smhlancers.org](mailto:adrabik@smhlancers.org) or by calling 716-683-4824, extension 211 with any questions.

**PLEASE NOTE: St. Mary's utilizes FACTS Management for tuition processing.**

### Tuition and Annual Charges

<b>Tuition 2021-2022</b>	<b>\$11,525</b>	(See below for timing)
<b>Technology Fee</b>	<b>\$200</b>	(Due April 16, 2021, Chrome Books will be distributed at Orientation)
<b>Activity Fee</b>	<b>\$300</b>	(Due April 16, 2021)
<b>Bash for Cash Tickets</b>	<b>\$200</b>	(Prior to event, more information forthcoming)

An automated payment option through FACTS, must be designated from the choices below and submitted by April 12, 2021. (Check one)

\_\_\_\_\_ 1. Pay in full option by **April 12, 2021**

\_\_\_\_\_ **April 12, 2021 with cash, check or credit card** and receive a **2% discount**. \*\*\*

\*\*\*Note: If paying in full by April 1, 2021, payment has to be processed at St. Mary's. If you attempt to pay in full through FACTS, you will NOT receive the discount.

\_\_\_\_\_ 2. Set up quarterly automatic payments with FACTS by **April 16, 2021**  
(June 5<sup>th</sup>, September 5<sup>th</sup>, December 5<sup>th</sup> and March 5<sup>th</sup>)

\_\_\_\_\_ 3. Set up a monthly automatic payment plan with FACTS by **April 16, 2021**  
(June-May, with the option of paying on the 5<sup>th</sup> or 15<sup>th</sup> of the month)

To set up your FACTS account, go to <https://online.factsmgmt.com/signin/3FTCK>

St. Mary's High School will accept **Visa, Master Card, American Express, and Discover** for tuition payment.

Student will not be able to select courses/enroll for the upcoming 2021-2022 school year until we have the signed tuition and registration policies form and **non-refundable** deposit.

## **Tuition Payment Policy**

- No student will be allowed to start school in September 2021 unless they are current with tuition or prior arrangements have been made.
- In the event tuition payments are not current by the end of each quarter, your student will not be able to continue attending classes until your tuition is current or arrangements have been made. Additionally report cards will not be distributed until tuition is current.
- St. Mary's reserves the right to have your student deemed ineligible to participate in any non-academic extra-curricular activities including field trips, athletics, performing arts, student government, etc. if tuition is consistently in arrears or prior arrangements that were made are not honored.
- If the above conditions persist, St. Mary's reserves the right to request your student to be withdrawn from the school. If this is the case, a formal letter will be sent explaining that tuition must be brought current within 10 days. Failure to adhere to the terms of this formal letter will result in the dismissal of the student.
- When a student withdraws, voluntarily or involuntarily, tuition will be prorated for each school calendar month of enrollment beginning with the first day of the month. An exit fee of \$750.00 will also be required in order to receive your transcripts.
- **Final transcripts will not be released until all obligations have been satisfied. This includes the return of all textbooks, Chromebooks, sports uniforms and the payment of any outstanding tuition or fees.** St. Mary's reserves the right to recovery unpaid tuition through any available legal means, including legal action or use of a collection agency.

## **Late Payment**

If a payment is received after the due date, a **late fee of \$50** will be assessed to your account (including families enrolled in FACTs).

## **NSF Checks**

Any check payments received that are marked non-sufficient funds will have an **insufficient fund fee of \$50** assessed.

## **FOR LEGAL PURPOSES, The PARENT(S) FINANCIALLY RESPONSIBLE FOR STUDENT MUST COMPLETE THE SECTION BELOW. IF THIS FORM IS NOT COMPLETED IT WILL BE RETURNED.**

*(Please print)*

Father's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Landline (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

E-mail Address for tuition correspondence \_\_\_\_\_

I have read the above Tuition & Registration Policies form and agree to all the above terms. Sign below, retain a copy for your records and return the **signed** copy on **January 29, 2021 at registration**.

\_\_\_\_\_  
Father/Guardian Signature

\_\_\_\_\_  
Date

*(Please print)*

Mother's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Landline (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

E-mail Address for tuition correspondence \_\_\_\_\_

I have read the above Tuition & Registration Policies form and agree to all the above terms. Sign below, retain a copy for your records and return the **signed** copy on **April 16, 2021**.

\_\_\_\_\_  
Mother/Guardian Signature

\_\_\_\_\_  
Date



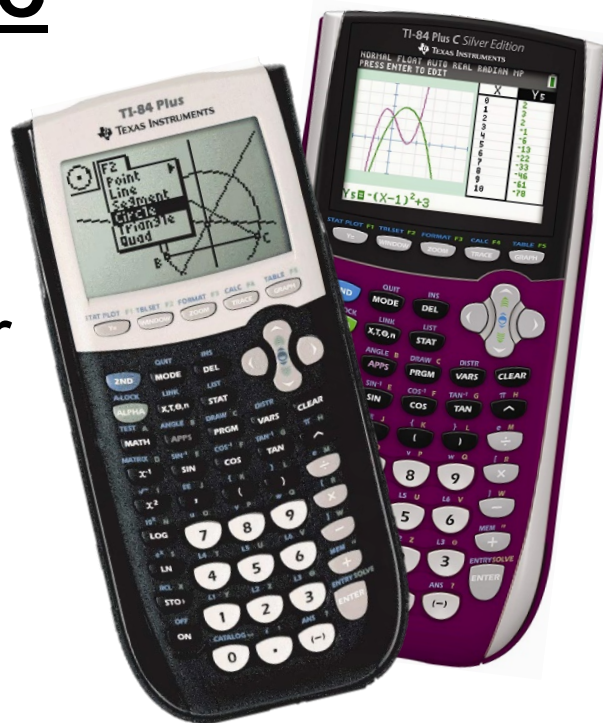
**St. Mary's High School**

## CALCULATOR INFORMATION

### **ATTENTION FRESHMEN PARENTS**

All freshmen are required to have a **TI-84 Plus or a TI-84 Plus C** calculator for Math class at St. Mary's.

The school does NOT order these calculators. Each student is expected to have purchased one prior to the first day of school.



**\*STUDENTS ARE NOT ALLOWED TO SHARE CALCULATORS\***

**PLAN AHEAD!**

**They typically go on sale in July.**

**If you wait until September to purchase a calculator, stores may sell out of them!**



# St. Mary's High School

## IMPORTANT FOREIGN LANGUAGE INFORMATION

WHO: All incoming freshmen

WHY: To enable students to be properly placed for the 2021-2022 school year.

Questions about this information can be directed to our Foreign Language Department Chairperson, Mrs. Mary Kate Dvorak. Mrs. Dvorak can be reached at [mkdvorak@smhlancers.org](mailto:mkdvorak@smhlancers.org)



My child will be taking Spanish I

My child would like to be considered for Spanish II



# St. Mary's High School

## AUTHORIZATION TO RELEASE STUDENT INFORMATION

Dear Registrar or Counselor:

Permission is hereby given to St. Mary's High School to request the release of records for the following data relative to the student listed below.

- Academic Transcripts
- Current grades to date—all subjects
- State Assessments
- Science Labs
- Attendance Record
- Discipline Record
- Medical History
- Physical/Immunization data
- Birth Certificate
- IEP/504
- Psychological Reports
- Speech/Language
- Other \_\_\_\_\_

Name and address of school from which student's records are requested:

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Current Grade Level

\_\_\_\_\_  
School Name

\_\_\_\_\_  
School Phone Number

\_\_\_\_\_  
School Street Address

\_\_\_\_\_  
School Fax Number

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Parent Name

\_\_\_\_\_  
Parent Email

\_\_\_\_\_  
Parent Phone

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

**The signature of this release form authorizes verbal and/or written communication between the parties as designated above.**

Please send records to:

St. Mary's High School  
Counseling Center  
142 Laverack Ave.  
Lancaster, NY 14086

Phone: 716-683-2349  
Fax: 716-683-4958



# St. Mary's High School

## ACADEMIC ACCOMMODATION FORM

Student Name \_\_\_\_\_ School District \_\_\_\_\_

\*Yes, my child presently has/has had the following education plan in place:

IEP—Individual Education Plan

504 Plan

No, my child has never had an IEP or 504 Plan

We want to make sure that you have an understanding of the services and support St. Mary's High School will be able to provide. St. Mary's does not have a Special Education Department. Therefore, we are unable to provide all of the services outlined in your child's IEP/504 Plan.

Depending on your child's needs, some services may be available through Lancaster Central Schools. Additionally, St. Mary's may be able to provide the following accommodations:

- Preferential seating
- Separate location (*for midterm, final and Regents/Common Core exams only*)
- Extended time (*for midterm, final and Regents/Common Core exams only*)
- Reading of directions and/or tests (*for midterm, final and Regents/Common Core exams only*)
- Other accommodations as agreed to by the school/family if resources allow

\*Please, make sure the pertinent information is forwarded to St. Mary's Counseling Department **no later than April 16, 2021**. No accommodation plan can be put into place without the proper paperwork on file.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



# HEALTH AND EMERGENCY UPDATE FORM

Student's Last Name \_\_\_\_\_ First \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Male Female

Birth Date \_\_\_\_\_ Birth Place \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Place of Business \_\_\_\_\_ Place of Business \_\_\_\_\_

Hours & Work Phone \_\_\_\_\_ Hours & Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

If Parents are separated or divorced, who has custody? \_\_\_\_\_

If Parent/Guardian not available, in case of emergency call: **Please list in order in which you would like contacted**

1. Name \_\_\_\_\_ Phone \_\_\_\_\_

Relation \_\_\_\_\_ Alt Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_

Relation \_\_\_\_\_ Alt Phone \_\_\_\_\_

3. Name \_\_\_\_\_ Phone \_\_\_\_\_

Relation \_\_\_\_\_ Alt Phone \_\_\_\_\_

## HEALTH HISTORY

Does your child have a MEDICAL CONDITION that may/will require supervision or restrict activity? If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please note if any of the following conditions pertain to your child:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Anemia or Bleeding Disorder | <input type="checkbox"/> Pneumonia              | <input type="checkbox"/> Kidney Conditions           |
| <input type="checkbox"/> Asthma / Reactive Airway    | <input type="checkbox"/> Neurological Condition | <input type="checkbox"/> Mononucleosis               |
| <input type="checkbox"/> Rheumatic Fever             | <input type="checkbox"/> Tuberculosis           | <input type="checkbox"/> Chronic Respiratory Problem |
| <input type="checkbox"/> Seizure Disorder            | <input type="checkbox"/> Heart Condition        | <input type="checkbox"/> Surgery/Injury/Fractures**  |
| <input type="checkbox"/> Diabetes                    | <input type="checkbox"/> Hearing/Ear Conditions | <input type="checkbox"/> Migraines/headaches         |
| <input type="checkbox"/> Other _____                 |   |  |

Allergies:  Food  Insect sting  Nut Allergy  Medication  Other \_\_\_\_\_

Details: \*\*Please list dates also \_\_\_\_\_

List any medication your child takes regularly \_\_\_\_\_

*\*\*Please keep in mind that a doctor's order for all medication taken in school, including over the counter medication, must be on file in the Health Office.*

Name of Doctor \_\_\_\_\_ Phone \_\_\_\_\_

I verify that the above information is true and correct. I will notify the school if any of the above information changes. I understand that this information may be shared with personnel involved with my child.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please return to the school nurse with your student's Registration materials.**

**REQUIRED NYS SCHOOL HEALTH EXAMINATION FORM  
TO BE COMPLETED BY PRIVATE HEALTH CARE PROVIDER OR SCHOOL MEDICAL DIRECTOR  
IF AN AREA IS NOT ASSESSED INDICATE NOT DONE**

**Note:** NYSED requires a physical exam for new entrants and students in Grades Pre-K or K, 1, 3, 5, 7, 9 & 11; annually for interscholastic sports; and working papers as needed; or as required by the Committee on Special Education (CSE) or Committee on Pre-School Special education (CPSE).

**STUDENT INFORMATION**

Name	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	DOB:
School:	Grade:	Exam Date:

**HEALTH HISTORY**

<b>Allergies</b> <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type	Type: <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Anaphylaxis Care Plan Attached
<b>Asthma</b> <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type	<input type="checkbox"/> Intermittent <input type="checkbox"/> Persistent <input type="checkbox"/> Other : <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Asthma Care Plan Attached
<b>Seizures</b> <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type	Type: Date of last seizure: <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Seizure Care Plan Attached
<b>Diabetes</b> <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type	Type: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Diabetes Medical Mgmt. Plan Attached

**Risk Factors for Diabetes or Pre-Diabetes:** Consider screening for T2DM if BMI% > 85% and has 2 or more risk factors: Family Hx T2DM, Ethnicity, Sx Insulin Resistance, Gestational Hx of Mother, and/or pre-diabetes.

BMI \_\_\_\_\_ kg/m<sup>2</sup>

**Percentile (Weight Status Category):**  <5<sup>th</sup>  5<sup>th</sup>-49<sup>th</sup>  50<sup>th</sup>-84<sup>th</sup>  85<sup>th</sup>-94<sup>th</sup>  95<sup>th</sup>-98<sup>th</sup>  99<sup>th</sup> and >

**Hyperlipidemia:**  No  Yes  Not Done **Hypertension:**  No  Yes  Not Done

**PHYSICAL EXAMINATION/ASSESSMENT**

<b>Height:</b>	<b>Weight:</b>	<b>BP:</b>	<b>Pulse:</b>	<b>Respirations:</b>
<b>Laboratory Testing</b>	<b>Positive</b>	<b>Negative</b>	<b>Date</b>	<b>List Other Pertinent Medical Concerns (e.g. concussion, mental health, one functioning organ)</b>
TB- PRN	<input type="checkbox"/>	<input type="checkbox"/>		
Sickle Cell Screen-PRN	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Lead Level Required Grades Pre- K &amp; K</b>			<b>Date</b>	
<input type="checkbox"/> Test Done <input type="checkbox"/> Lead Elevated $\geq 5$ $\mu\text{g/dL}$				

**System Review and Abnormal Findings Listed Below**

<input type="checkbox"/> HEENT	<input type="checkbox"/> Lymph nodes	<input type="checkbox"/> Abdomen	<input type="checkbox"/> Extremities	<input type="checkbox"/> Speech
<input type="checkbox"/> Dental	<input type="checkbox"/> Cardiovascular	<input type="checkbox"/> Back/Spine	<input type="checkbox"/> Skin	<input type="checkbox"/> Social Emotional
<input type="checkbox"/> Neck	<input type="checkbox"/> Lungs	<input type="checkbox"/> Genitourinary	<input type="checkbox"/> Neurological	<input type="checkbox"/> Musculoskeletal

<input type="checkbox"/> Assessment/Abnormalities Noted/Recommendations:	Diagnoses/Problems (list)	ICD-10 Code*
<input type="checkbox"/> Additional Information Attached	*Required only for students with an IEP receiving Medicaid	

Name:				DOB:	
<b>SCREENINGS</b>					
<b>Vision (w/correction if prescribed)</b>		<b>Right</b>	<b>Left</b>	<b>Referral</b>	<b>Not Done</b>
Distance Acuity		20/	20/	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
Near Vision Acuity		20/	20/		<input type="checkbox"/>
Color Perception Screening <input type="checkbox"/> Pass <input type="checkbox"/> Fail					<input type="checkbox"/>
Notes					
<b>Hearing</b> Passing indicates student can hear 20dB at all frequencies: 500, 1000, 2000, 3000, 4000 Hz; for grades 7 & 11 also test at 6000 & 8000 Hz.					<b>Not Done</b>
Pure Tone Screening	<b>Right</b> <input type="checkbox"/> Pass <input type="checkbox"/> Fail	<b>Left</b> <input type="checkbox"/> Pass <input type="checkbox"/> Fail	<b>Referral</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>
Notes					
<b>Scoliosis</b> Screen Boys in grade 9, and Girls in grades 5 & 7		<b>Negative</b>	<b>Positive</b>	<b>Referral</b>	<b>Not Done</b>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
<b>RECOMMENDATIONS FOR PARTICIPATION IN PHYSICAL EDUCATION/SPORTS/PLAYGROUND/WORK</b>					
<input type="checkbox"/> <b>Student may participate in all activities without restrictions.</b> <input type="checkbox"/> <b>Student is restricted from participation in:</b> <input type="checkbox"/> <b>Contact Sports:</b> Basketball, Competitive Cheerleading, Diving, Downhill Skiing, Field Hockey, Football, Gymnastics, Ice Hockey, Lacrosse, Soccer, and Wrestling. <input type="checkbox"/> <b>Limited Contact Sports:</b> Baseball, Fencing, Softball, and Volleyball. <input type="checkbox"/> <b>Non-Contact Sports:</b> Archery, Badminton, Bowling, Cross-Country, Golf, Riflery, Swimming, Tennis, and Track & Field. <input type="checkbox"/> <b>Other Restrictions:</b>					
<b>Developmental Stage for Athletic Placement Process <u>ONLY</u> required</b> for students in Grades 7 & 8 who wish to play at the high school interscholastic sports level <b>OR</b> Grades 9-12 who wish to play at the modified interscholastic sports level. <b>Tanner Stage:</b> <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V      Age of First Menses (if applicable) : _____					
<input type="checkbox"/> <b>Other Accommodations*:</b> (e.g. Brace, orthotics, insulin pump, prosthetic, sports goggle, etc.) Use additional space below to explain.      *Check with athletic governing body if prior approval/form completion required for use of device at athletic competitions.					
<b>MEDICATIONS</b>					
<input type="checkbox"/> <b>Order Form for Medication(s) Needed at School Attached</b>					
<b>IMMUNIZATIONS</b>					
		<input type="checkbox"/> Record Attached	<input type="checkbox"/> Reported in NYSIS		
<b>HEALTH CARE PROVIDER</b>					
Medical Provider Signature:					
Provider Name: <i>(please print)</i>					
Provider Address:					
Phone:			Fax:		
<b>Please Return This Form To Your Child's School When Completed.</b>					



## St. Mary's High School

# ADMINISTRATION OF MEDICATION IN SCHOOL

The State of New York requires that the school nurse follow the procedures listed below:

- All medication, including *non-prescription drugs such as Tylenol, Motrin, etc.*, given in school *must be prescribed by a licensed medical doctor.*
- This includes all “self-carry” medication.
- A written request from the physician must be on file. This request must indicate the dosage and frequency of the prescribed drug.
- A written request from the parent/guardian to administer medication must be on file.
- The parent must assume responsibility to have the medication delivered to the Health Office in a *properly labeled original container.*

***PLEASE DO NOT SEND ANY TYPE OF MEDICATION TO SCHOOL WITH YOUR CHILD UNLESS YOU FOLLOW THE PROPER PROCEDURE***

(Medication administration forms may be obtained from the Health Office or the school website under the Health Forms section.)

Thank you,

Tracy Hangen  
**School Nurse**  
**St. Mary's High School**

# Dental Health Certificate- Optional

**Parent/Guardian:** New York State law (Chapter 281) permits schools to request an oral health assessment at the same time a health examination is required. Your child may have a dental check-up during this school year to assess his/her fitness to attend school. Please complete Section 1 and take the form to your registered dentist or registered dental hygienist for an assessment. If your child had a dental check-up before he/she started the school, ask your dentist/dental hygienist to fill out Section 2. Return the completed form to the school's medical director or school nurse as soon as possible.

## Section 1. To be completed by Parent or Guardian (Please Print)

Child's Name: Last First Middle

Birth Date:    /    / <small>Month    Day    Year</small>	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Will this be your child's first oral health assessment?  Yes                      No
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School: <small>Name</small>	Grade
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Have you noticed any problem in the mouth that interferes with your child's ability to chew, speak or focus on school activities?  
Yes                      No

I understand that by signing this form I am consenting for the child named above to receive a basic oral health assessment. I understand this assessment is only a limited means of evaluation to assess the student's dental health, and I would need to secure the services of a dentist in order for my child to receive a complete dental examination with x-rays if necessary to maintain good oral health.

I also understand that receiving this preliminary oral health assessment does not establish any new, ongoing or continuing doctor-patient relationship. Further, I will not hold the dentist or those performing this assessment responsible for the consequences or results should I choose NOT to follow the recommendations listed below.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

## Section 2. To be completed by the Dentist/ Dental Hygienist

**I. The dental health condition of \_\_\_\_\_ on \_\_\_\_\_ (date of assessment) The date of the assessment needs to be within 12 months of the start of the school year in which it is requested. Check one:**

- Yes, The student listed above is in fit condition of dental health to permit his/her attendance at the public schools.
- No, The student listed above is not in fit condition of dental health to permit his/her attendance at the public schools.

NOTE: Not in fit condition of dental health means, that a condition exists that interferes with a student's ability to chew, speak or focus on school activities including pain, swelling or infection related to clinical evidence of open cavities. The designation of not in fit condition of dental health to permit attendance at the public school does not preclude the student from attending school.

**Dentist's/ Dental Hygienist's name and address**

(please print or stamp)

**Dentist's/Dental Hygienist's Signature**

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*Optional Sections - If you agree to release this information to your child's school, please initial here.*

### II. Oral Health Status (check all that apply).

- Yes  No **Caries Experience/Restoration History** – Has the child ever had a cavity (treated or untreated)? [A filling (temporary/permanent) OR a tooth that is missing because it was extracted as a result of caries OR an open cavity].
- Yes  No **Untreated Caries** – Does this child have an open cavity? [At least ½ mm of tooth structure loss at the enamel surface. Brown to dark-brown coloration of the walls of the lesion. These criteria apply to pits and fissure cavitated lesions as well as those on smooth tooth surfaces. If retained root, assume that the whole tooth was destroyed by caries. Broken or chipped teeth, plus teeth with temporary fillings, are considered sound unless a cavitated lesion is also present].
- Yes  No **Dental Sealants Present**

Other problems (Specify): \_\_\_\_\_

### II. Treatment Needs (check all that apply)

- No obvious problem. Routine dental care is recommended. Visit your dentist regularly.
- May need dental care. Please schedule an appointment with your dentist as soon as possible for an evaluation.
- Immediate dental care is required. Please schedule an appointment immediately with your dentist to avoid problems.



## St. Mary's High School

# REQUIREMENTS FOR FRESHMAN, JUNIORS, INCOMING NEW STUDENTS AND FALL ATHLETES

**New York State Law requires that all 9th graders, 11th graders, and Incoming New Students have a physical examination.** A physical examination that was completed anytime on or after September 1, 2020 would fulfill the physical requirement for the 2021-2022 school year.

In addition to this NYS requirement, **physicals are also required annually for EVERY student that will be participating in a school sport during the 2021-2022 school year.** Student Athletes must have a current physical on file in the Health Office for each sport, each season, and each year they would like to participate. Physicals for a school sport must be received **PRIOR** to the first day of tryouts for that sport, **no exceptions.** Physicals are valid for one year and through the end of the month when it was performed. For example: If tryouts for a Fall sport start on August 23, 2021, a physical completed anytime after August 1, 2020 would be considered valid and would allow the athlete to attend tryouts for that particular season. Of course, a new physical would be required as soon as possible following that expiration date.

**A review with the nurse at St. Mary's High School will also need to be completed prior to tryouts. A fully completed Interval Health History Form must be brought to your nurse sports review.**

Dates for nurse reviews for **ALL** Fall Sport candidates are on:

- Tuesday, August 17<sup>th</sup> between 8 a.m. and 11 a.m.
- Wednesday, August 18<sup>th</sup> between 8 a.m. and 11 a.m.
- Monday, August 23<sup>th</sup> between 8 a.m. and 11 a.m.
- Tuesday, August 24<sup>th</sup> between 8 a.m. and 10 a.m.

At the August nurse review, provided your current physical was received and upon review of your Interval Health History Form, the athlete will be given a yellow **ATHLETIC CARD** which will need to be presented to the coach at the first day of tryouts. Reviews will be first come, first served to see the nurse, so please come in on one of the above dates that is convenient for you.

If a copy of your child's current physical was already submitted to the Health Office, there is no need to supply an additional copy.

The Interval Health History form and Health Examination (physical) form are available on the school's website, [www.smhlancers.org](http://www.smhlancers.org), under the "Lancer Info" tab, in the list of Health Forms. Copies of both forms are also available for you to pick up in the Main Office.

Please feel free to contact the school nurse, Mrs. Hangen, with any questions at [thangen@smhlancers.org](mailto:thangen@smhlancers.org) or at school 716-683-4824, ext. 220. Please keep in mind that the nurse's office is closed during the summer months with the exception of the dates and hours listed above.



# St. Mary's High School

## ATHLETIC NOTIFICATION FORM

Dear Parent/Guardian:

If your student is considering playing a fall sport: football, cross-country, cheerleading, volleyball, soccer or golf, a current physical must be on file in the Health Office prior to August 2, 2021. This physical must have been performed on or after August 1, 2020 to be valid for the fall sports season.

Additionally, ALL students new to St. Mary's High School must have a physical on file in the Health Office. This physical must have been performed on or after September 1, 2020 to be valid for this New York State requirement.

**Physicals Will Be Offered at NO CHARGE by the Lancaster School District Physician On:**

Wednesday, May 26, 2021  
**at Lancaster High School**  
at 2:45 pm in their Health Office

This physical exam will meet the new student requirement, as well as the sports physical requirements for the entire 2021-2022 school year.

\_\_\_\_\_  
Student's Last Name

\_\_\_\_\_  
Student's First Name

\_\_\_\_\_  
Grade in 2021-2022

1. Please check any sport(s) that your student may participate in for the fall season:

- Football       Soccer       Volleyball       None  
 Fall Cheerleading       Golf       X-Country

2. My student:

**WILL** have the school physical on May 26<sup>th</sup> at 2:45pm at Lancaster High School.

**IS** considering playing a fall sport and will have a physical with his/her private physician. I understand that this physical must have been performed on/after August 1, 2020 and must be on file in the Health Office prior to August 2nd in order for my student to start a fall sport. My student is scheduled for or met this requirement on \_\_\_\_\_. I will have the physical/health appraisal form completed by our physician and return it to the Health Office.

is **NOT** playing sports and will have a physical with his/her private physician. I understand that all students new to St. Mary's High School must have a physical that was performed on or after Sept.1, 2020. My student is scheduled for or had this physical requirement on \_\_\_\_\_. I will have the physical/health appraisal form completed by our physician and return it to the Health Office.

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date

**\*\*Physical forms may be faxed to the Health Office at 683-4958\*\***  
**Please return to the school nurse with your student's registration materials.**



# St. Mary's High School

## AUTHORIZATION FOR USE OR DISCLOSURE OF HEALTH INFORMATION

Student Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Fax \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Fax \_\_\_\_\_

Health Care Provider \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Fax \_\_\_\_\_

I hereby authorize my child's physician(s) listed above; as well as any specialist that my child may receive care; to exchange the following information with St. Mary's High School faculty and staff, including the School Nurse, Guidance Counselor, Admissions Department, and Administration.

- Immunizations/physical exams to comply with NYS regulations
- Medical clearances as needed following an injury or change in condition
- Medical orders required for therapy needs; evaluations
- Psychological evaluations/reports
- Authorization for medications during the school day and/or on school trips
- Medical conditions/ treatment plans that may have an impact in the school environment

This information will be used to provide a safe and healthful environment and develop an appropriate program for this student at school. Enrollment is not contingent upon obtaining this release; however, in order to plan the most appropriate program for this student, the information may be required. Specific immunizations per NYS regulations ARE required for enrollment. This release expires on the last day of the enrollment of the above student in school and may be revoked at any time by sending a written request to cancel to the address above. Such revocation will not affect any disclosure made prior to its receipt. Protected health information will not be disclosed without consent per FERPA regulations. A copy of this release will be provided to me upon request and will be sent to the appropriate provider when requests are made.

\_\_\_\_\_  
(Signature of Parent/Guardian or Student if over 18 years old) \*\*

\_\_\_\_\_  
(Date)

\*\*If a student is under 18 years of age, parent or legal guardian must sign consent form.

If other representative is signing, this representative must have authority to act on student's behalf:

\_\_\_\_\_

This form complies with all HIPAA regulations.





# St. Mary's High School

## REGISTRATION FORM 2020-2021

Please print clearly and use full names.

### STUDENT INFORMATION:

Grade Entering \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Student Cell Number \_\_\_\_\_ Sex:  Male  Female

ETHNICITY:  American Indian/Alaska Native  Black/African American  
 Asian  Hispanic/Latino  
 White, non-Hispanic  Multi-Racial, non-Hispanic origin  
 Native Hawaiian/Other Pacific Islander

Student Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_ County \_\_\_\_\_

Religion \_\_\_\_\_ Parish \_\_\_\_\_

School District \_\_\_\_\_  Please check if a Transfer Student

School Transferring from \_\_\_\_\_

Means of Transportation \_\_\_\_\_

Student lives with:  Both parents  Mother  Father  Other \_\_\_\_\_

### CUSTODIAL PARENT/GUARDIAN INFO:

Please check if graduate. Graduates name/maiden name and year:

\_\_\_\_\_

Name: \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_  
\_\_\_\_\_

E-mail: \_\_\_\_\_

E-mail: \_\_\_\_\_

Religion: \_\_\_\_\_

Religion: \_\_\_\_\_

Employment: \_\_\_\_\_

Employment: \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**NON-CUSTODIAL PARENT INFO:**

Please check if graduate. Graduates name/maiden name and year: \_\_\_\_\_

Non-custodial parent is NOT legally allowed to receive information from the school.

**Note: Documentation must be on file with Counseling Office.**

Please circle Mother or Stepmother

Please circle Father or Stepfather

Name: \_\_\_\_\_

Name: \_\_\_\_\_

E-mail: \_\_\_\_\_

E-mail: \_\_\_\_\_

Religion: \_\_\_\_\_

Religion: \_\_\_\_\_

Employment: \_\_\_\_\_

Employment: \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Parents Divorced or Separated:  Yes  No Joint custody:  Yes  No

**Note: A copy of court documents designating custodial parent is required if sole custody granted.**

May the student be released to the non-custodial parent, stepparent or guardian?  Yes  No

**Note: If you answered "no," a copy of court documentation is required.**

If not the parent:

Are you the guardian of the student?  Yes  No *If yes, please provide court documents.*

If no, are you planning to file for guardianship?  Yes  No

Have both parents transferred PERMANENT custody and control of the student to you?  Yes  No

**EMERGENCY CONTACT:** To be used if primary contact is not available.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

*\*St. Mary's High School does not discriminate on the basis of race, religion, sex, disability, color, national and ethnic origin, age, or any other basis, in accordance with the law.*



# St. Mary's High School

## CONSENT TO RELEASE NAMES, PHOTOGRAPHS, VIDEO FOOTAGE AND/OR BIOGRAPHICAL INFORMATION

Student Name: \_\_\_\_\_

Class Year \_\_\_\_\_

*I give St. Mary's High School permission to use and publish the following (please check the items you give us permission to use):*

*Student's Name*

*Photographic pictures of me / my son/daughter*

*Video of me / my son/daughter*

*Biographical information of me / my son/daughter*

*All of the above will be used primarily to tell interested people about the mission and programs of St. Mary's High School. They may also be used in fundraising appeals mailed to donors and potential donors on a regular basis, or for any other lawful purposes.*

*I understand this consent will remain in effect until I state in writing that I would like it to be withdrawn or changed.*

*I sign this consent understanding its purpose.*

*Date:* \_\_\_\_\_

*Student:* \_\_\_\_\_

*Parent/Guardian:* \_\_\_\_\_

*Witness:* \_\_\_\_\_



# St. Mary's High School

## TEXTBOOK REQUEST FORM

Please print

STUDENT'S NAME \_\_\_\_\_  
(Last) (First)

STUDENT'S ADDRESS \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Residing in Public School District \_\_\_\_\_  
\_\_\_\_\_

Grade Level as of September: \_\_\_\_\_

PARENT OR GUARDIANS NAME: \_\_\_\_\_  
(Last) (First)

PARENTS ADDRESS \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

### LOAN OF TEXTBOOKS

I hereby request the loan of textbooks in the name of \_\_\_\_\_  
(Student)

I authorize ST. MARY'S HIGH SCHOOL to act on behalf of this student, identifying and ordering books for student's use. I understand that all books loaned to this student by

\_\_\_\_\_ are to be maintained in good condition and that said student  
(Public School District)  
must pay for the loss of or excessive damage to said books.

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

This form is to be kept on file in the student's non-public school for the duration of enrollment.



# St. Mary's High School Phone / E-Mail Alert

Dear Parent,

St. Mary's utilizes the telephone and e-mail broadcast system called SchoolMessenger. This system enables the school to notify all students and parents by phone of an emergency or unplanned event that causes early dismissal, school cancellation or late start. The service is also used to communicate via phone and/or e-mail general announcements, reminders, and other information important to the members of the St. Mary's community.

When used, the service will call all phone numbers in our contact lists and will deliver a recorded message from a school administrator. The service will deliver the message to both live answer and answering machines. No answers and busy signals will be automatically retried twice in fifteen-minute intervals after the initial call.

In an important effort to make the best and most accurate use of the SchoolMessenger Instant Parent Contact system, we are asking that you fill out the following Information Form with the necessary information. Because many students have their own phones and e-mail addresses, they may also be included in the Contact System.

*Please consider these numbers carefully and make an effort to keep us informed as soon as possible if any number changes for any reason.*

**PLEASE NOTE:** All information and contact numbers are strictly secure and confidential and are only used for the purposes described.

If you have any questions, please contact St. Mary's High School at 683-4824.

Family Name: \_\_\_\_\_ Student #2 Name: \_\_\_\_\_

Primary Number: \_\_\_\_\_ Primary Number: \_\_\_\_\_

Second Number: \_\_\_\_\_ Second Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

Student #1 Name: \_\_\_\_\_ Student #3 Name: \_\_\_\_\_

Primary Number: \_\_\_\_\_ Primary Number: \_\_\_\_\_

Second Number: \_\_\_\_\_ Second Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

*Student contact information is optional - Thank you for your assistance with this program.*

# **ST. MARY'S HIGH SCHOOL TECHNOLOGY USAGE POLICY**

## **St. Mary's High School Network Purpose**

The St. Mary's High School Network has been established to support academic endeavors within the school by offering access to educational materials, career development resources, research information and for communication. Network access is limited to students, employees and authorized guests. The St. Mary's High School Network was not established as a public access service or a public forum and therefore does not intend to create a First Amendment forum for the purpose of free expression. All technology use shall be consistent with the educational goals and objectives defined by St. Mary's High School. St. Mary's High School has the right to place reasonable restrictions on material accessed or posted through the system. St. Mary's reserves the right to monitor, inspect, copy, review and store at any time and without prior notice any and all usage of the computer network and Internet access and all information transmitted or received in connection with such usage. All such information shall be the property of St. Mary's High School and no user shall have any expectation of privacy regarding such materials.

We expect students to act in an ethical and legal manner and remember that when utilizing the St. Mary's High School Network the student represents the school's mission and purpose. All students must take responsibility for appropriate and lawful use of this resource.

## **Agreement**

Students and their parents implicitly agree to all facets of the Responsible Usage Policy by their enrollment at the school. The student understands and agrees to the following responsibilities and privileges:

## **Student Computer / Internet Access**

1. Students will have access to Internet resources through the student wireless network and the computer labs.
2. Students will have access to those networked applications purchased and installed by the school and will abide by their licensing guidelines.
3. It should be understood that all data sent over the St. Mary's School Network is the property of St. Mary's High School. St. Mary's High School reserves the right to examine all data stored or transmitted on its network.
- 4.

## **Personal Safety**

1. All Students agree not to post personal contact information about him/herself or other people. Personal contact information includes home address, telephone number, school address, work address, parents' names or other information that someone may use to locate that student.
2. Students will not share their password with others.
3. Students will not agree to meet with someone they have encountered solely online.
4. Students will promptly disclose to their teacher or administrator any message they receive that is inappropriate or that makes them uncomfortable.

## **Inappropriate Behavior and Language**

1. Restrictions against inappropriate language apply to public messages, private messages and material posted on web pages or social networking sites.
2. Students will not use obscene, profane, lewd, vulgar, sexually explicit, rude, inflammatory, threatening or disrespectful language.
3. Students will not post information that could prove damaging or disruptive.
4. Students will not engage in personal attacks, including prejudicial or discriminatory language.
5. Students will not make comments that could be misconstrued, as electronic text allows no context clues to convey shades of irony, sarcasm or harmless humor.
6. Impersonation, pseudonyms and anonymity are not acceptable on the St. Mary's High School Network.
7. Students will not harass or bully another person. Students are expected to abide by the St. Mary's High School Anti-harassment Policy as stated in the Student Handbook.

8. Students will neither knowingly or recklessly post false or defamatory information about an individual or organization.
9. Students will not access or attempt to access material that is profane, sexually explicit or obscene (pornography) that advocates illegal acts or that advocates violence or discrimination (hate speech) toward other people.
10. If a student mistakenly accesses inappropriate information, he or she should immediately tell the teacher or administrator in charge of the location. This will protect against a claim that they have intentionally violated this policy.
11. Students will not attempt any activity that could be damaging or wasteful to electronic resources either inside or outside the St. Mary's High School Network.

### **Illegal Activities**

1. Students will not attempt to gain unauthorized access or exceed their authorized access, which includes attempting to log in through another person's account or accessing another person's files.
2. Students will not make deliberate attempts to disrupt the school network or destroy data by spreading computer viruses or through any other action.
3. Students will not use St. Mary's High School computers, the St. Mary's High School Network or Chromebooks to engage in any illegal act.
4. Students will not sign in to the Chromebook using the ID of another with the intention of stealing the apps, music, videos or books that have been purchased using their credentials.
5. Students will not engage in activity that can be considered hacking or attacking by denial of service or any other means; this is against not only St. Mary's High School's policy but also a violation of federal law.

### **System Security**

1. Students are accountable for their individual account and should take all responsible precautions to prevent others from being able to use the account. Under no conditions should a student provide his/her password to another student or use another student's account.
2. Students will immediately notify a teacher or administrator if they have identified a possible security problem or exploit in the St. Mary's High School network.
3. Network administrators may review files and communications to maintain system integrity.
4. Non-Chromebook devices will not be connected to the St. Mary's High School network unless a clear academic need is presented. A form must be obtained and submitted to Mrs. Junik.
5. Any Chromebook must be enrolled in St. Mary's Network at all times. Failure to be enrolled will be referred to the Dean's office for disciplinary action. Use of proxy servers on the St. Mary's High School network is strictly prohibited. This includes the installation of VPN apps on any computer or Chromebook.

### **Respecting Resource Limits**

1. Students will utilize the St. Mary's High School Network solely for educational and career development, to research information or for the purposes of communication.
2. Students will not print paper copies of digital resources unless explicitly instructed to do so by a teacher.
3. Students will not exceed established network storage space, time or other allocations.
4. Activities that users will NOT engage in (without permission) include but are not limited to;
  - a. Downloading games, music, recreational pictures, etc. on school owned lab machines or loaner Chromebooks
  - b. Sending bulk or mass emails
  - c. Game playing on school computers
  - d. Posting or perusing personal ads
  - e. Using access for commercial purposes: buying, bidding or selling over the Internet
  - f. Using the St. Mary's High School name or logo unless authorized by the Head of the School
  - g. This includes but is not limited to, the creation of St. Mary's High School social media accounts
  - h. Making use of access for any purpose that is inconsistent with school policies, guidelines or codes of conduct
  - i. Non-educational game playing during class periods

### Web Sites

1. Students will not include any reference to students, faculty, staff or administrators, including names or pictures without the expressed written consent of the individual.
2. If a personal or class web page is created for an assignment, a notice must be included to inform the public that the opinions expressed on the page are those of the creator(s) of the web page, not St. Mary's High School. A statement on the page must also acknowledge the author(s) of the page.

### Chromebooks

Chromebooks are assigned to individual students in the same manner as textbooks and remain the property of St. Mary's High School until graduation. Upon graduation, if all obligations are satisfied, the assigned Chromebook will be gifted to the student. Use of individual Chromebooks gives students a 1 to 1 learning environment and provides the opportunity to enhance each student's overall learning experience. Utilizing the Chromebooks at St. Mary's High School gives students the access to learn anywhere, anytime – both in school and off campus. This 1 to 1 personalized learning also narrows the digital divide between students and promotes responsible use of today's ever-changing technologies.

All Chromebooks are subject to the same responsible use guidelines as all other St. Mary's High School electronic devices. All files, documents and books installed on a student's Chromebook by St. Mary's High School remain the property of the school. We reserve the right to confiscate and search a student's Chromebook to ensure compliance with the Responsible Use Policy.

### Student Responsibilities

1. Never drop the Chromebook or place heavy objects (books, laptops, etc.) on top of the Chromebook.
2. In the event that a Chromebook is damaged, the user must report it immediately to Mrs. Junik. Failure to do so may result in the user being responsible for a full replacement charge.
3. Only a soft cloth or approved laptop screen cleaning solution is to be used to clean the Chromebook's screen.
4. Do not subject the Chromebook to extreme heat or cold. Do not store in vehicles.
5. The Chromebook is required to be at school every day, fully charged. Students who fail to bring a completely charged Chromebook to school will be considered unprepared. Loaner Chromebooks are not available to unprepared students.
6. If a Chromebook is left at home or is not charge, the student remains responsible for completing all coursework as if he had use of his Chromebook. Repeat offenses will be referred to the Dean of Students.
7. Loaner Chromebooks will be available to students when necessary through approval of Mrs. Junik.
  - a. Chromebooks can be loaned until a solution is found.
  - b. Chromebooks kept beyond the agreed upon due date will be assessed a \$500.00 fee.
8. Malfunctions or technical issues are not acceptable excuses for failing to complete an assignment. Chromebooks will be available for sign out during normal hours should yours become unusable.
9. Backing up your work is very important. Doing so will safeguard all files, documents and applications. Items deleted from the Chromebook cannot be restored so back up must be done regularly.
10. Preloaded apps and apps required for a student's current class may not be deleted and must be updated periodically.
11. Memory space is limited. Academic content takes precedence over personal files and apps. In the case of memory space conflict, personal files/apps must be removed at the student's expense.
12. Non-educational content is for personal use only and should not be shared in any manner, audio or visual, with other students.
13. The volume is to remain on mute unless headphones are attached and/or permission is obtained from the teacher.
14. Students may not use the recording capabilities, audio or video, of the Chromebook to record individuals or class lectures without all parties' express written consent.
15. Using tethering or the cellular capability of the Chromebook to circumvent the systems in place is prohibited.
16. The whereabouts of the Chromebook should be known at all times. It is the student's responsibility to keep his or her Chromebook safe and secure.
17. Chromebooks belonging to other students are not to be tampered with in any manner.
18. If a Chromebook is found unattended, it should be given to the nearest faculty/staff member.



### **Lost, Damaged or Stolen Chromebook**

1. If the Chromebook is damaged, you must report it immediately. If damage is not reported and remedied immediately, or the damage is so severe that it cannot be repaired, the student and family will be charged the full replacement cost of the Chromebook.
2. St. Mary's High School is the sole arbiter of whether a Chromebook has been damaged due to accident or abuse. In cases of abuse, the student's family will be liable for the full replacement cost of the Chromebook.
  - a. Some Examples of Abuse;
    - i. Using a Chromebook that has visible damage to the screen
    - ii. Gross physical damage to the charging port of a Chromebook by the insertion of anything except an approved charging or data cable
    - iii. Any attempt to repair a broken Chromebook by the student or any person or organization outside of St. Mary's High School
3. If the Chromebook is lost or you suspect it has been stolen, please report this to Mrs. Junik immediately.
4. If you require the serial number, password information, email changes or other sensitive information about your account, you must come to Mrs. Junik.
5. The student is responsible for the cost of replacing a Chromebook that is lost, stolen or damaged.

### **Consequences and Due Process**

The student's use of the network and Internet is a privilege, not a right. Violations of the St. Mary's High School Responsible Usage Policy will be referred to the Dean of Student's office. Consequences for violations of this policy will be left to the discretion of the Dean of Student's. Upon request, parents may view any materials or printouts related to the violation, although the Dean's office reserves the right to send material home without the request of the parents as well. The purpose of parental review is intended to be a tool to inform parents and to assist them in the guidance of their children, not as an appeal process. Violators of the Responsible Usage Policy are liable for suspension or mandatory withdrawal.

### **Confidentiality and Expectation of Privacy**

St. Mary's High School will make every reasonable attempt to respect the privacy of the users of its property in the form of the St. Mary's High School Network and any attached devices and/or systems; however, if an employee witnesses a computing abuse, notices an unusual degradation of service or other aberrant behavior on the system, network, or server for which the school is responsible; or receives a complaint of computing abuse or degradation of service, the school will investigate and take steps to maintain the integrity of the system(s). If the school has evidence that finds a user's computing activity as the probable source of a problem or abuse under investigation, the school must weigh the potential danger to the system and its users against the confidentiality of that user's information, for investigative purposes.

A user may not intercept transmitted information on the network. This violation is a serious invasion of another user's privacy. Users should also be aware that unauthorized users of the system, or authorized users suspected of violating system integrity, are not afforded this same protection from invasion of their privacy. This means that the school can and will examine transmissions under these circumstances to maintain the integrity and security of any school owned systems.

### **Limitation of Liability**

St. Mary's High School makes no guarantee that the functions or the services provided by or through the network will be error-free or without defect. Though access to inappropriate material via the St. Mary's High School network is actively discouraged, it is impossible to filter the Internet completely. Therefore, St. Mary's High School will not be held responsible for a student's misuse of access privileges or exposure to inappropriate material. The school will not be responsible for financial obligations arising through unauthorized use of the network. The parents of the student can be held financially responsible for any harm to the network as a result of intentional misuse or negligence.

This document is subject to change. It is the student's responsibility to remain aware of the regulations contained herein.

This policy is available in its most current form on the school's website.

Return this form at your Chromebook pickup day.

Each student must read and sign below:

I have read, understood, and will agree to abide by the terms of the Responsible Usage Policy. I agree that in keeping with the spirit and philosophy of St. Mary's High School, it is ultimately my responsibility to make good choices when I use the Chromebook and computer network. Should I commit any violation or in any way misuse my access to the St. Mary's High School Network and the Internet, I understand and agree that any access privilege may be revoked and disciplinary action may be taken against me.

\_\_\_\_\_  
Student name (Please print clearly)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

Parent or Guardian Network Usage Agreement (to be read and signed by parents or guardians):

As the parent or legal guardian of the above signed student, I have read, understood and agree that my child or ward shall comply with the terms of St. Mary's High School Responsible Usage Policy. I understand that access is being provided to the students for educational purposes only. I understand that if my student owns a cellular capable Chromebook or uses tethering, he or she could circumvent content filters or other systems designed to control the access to content deemed inappropriate put in place by St. Mary's High School. I also understand that it is impossible for the school to restrict access to all offensive and controversial materials and understand my child's responsibility for abiding by all policies. I am signing this policy and agree to indemnify and hold harmless St. Mary's High School against all claims, damages, losses and costs, of whatever kind, that may result from my child's use of his or her access to such networks or his or her violation of this policy. In the case of a lost, stolen or damaged Chromebook, I accept responsibility for any deductibles, repair or replacement cost.

I hereby give permission for my child to use the Chromebook and the building approved account access the computer network and the Internet.

\_\_\_\_\_  
Parent name (Please print clearly)

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date



# St. Mary's High School

## DRESS CODE GUIDELINES

### 2021 / 2022 School Year Dress Code

- An official St. Mary's High School Polo (limited availability at school) may be worn all year except on Liturgy days.
- Slippers, flip-flops, sandals, sneakers and/or "dress sneakers" will not be permitted.
- No sweatshirts or t-shirts may be worn with pants
- A properly sized oxford buttoned dress shirt or blouse with a buttoned collar, long or short sleeve, tucked in, may be worn all year.
- Any garment, top or bottom, from which undergarments are visible, would be inappropriate for school.
- Sweatpants may be worn to and from school especially during cold weather. Outerwear, including hats, coats, jackets, hoodies, windbreakers, ski vest and mittens may not be worn during school hours.
- Hair must be maintained and styled in a business appropriate manner; bold hair colors and styles (including partially shaved for women) would be inappropriate for school.
- Jewelry or ornamentation worn in pierced parts of the body that is visible, including the tongue, is PROHIBITED. If a student refuses to remove the item in question, disciplinary action will be taken. (Pierced earrings for Ladies are allowed)
- Visible tattoos are NOT PERMITTED in school.
- Any article of clothing, jewelry or accessory that promotes drinking alcohol, drugs, tobacco or a lifestyle contrary to Catholic values is inappropriate for school.
- Proper dress code also applies for school-sponsored functions.
- Uniform approved apparel available at the bookstore, through athletics and/or clubs may be worn on non-liturgy days.

#### Ladies:

- Skorts (pattern, khaki, blue or gray) should be no shorter than mid-thigh. Skorts shorter than this, tattered, frayed or generally unkempt in appearance are unsuitable. Knit pencil skirts and dresses are not permitted.
- Slacks must be dress cut; this is to be a "dressed up" look. Stretch khakis, leggings and "Yoga pants" are prohibited.
- Ladies should avoid clothing that is too short, tight fitting, is revealing or in need of repair. An example of this is a tight pencil skirt, which tend to ride up.
- Tank tops, cropped tops, spaghetti straps, strapless tops, controversial or "R" rated tops are prohibited.
- Platform shoes or shoes with excessively high heels, which would be dangerous in corridors and on stairs, are not appropriate for school.
- Dress stockings or socks must be worn every day.
- Liturgy dress code: Skorts (pattern, blue or gray), oxford style buttoned blouse.

#### Gentlemen:

- Solid color dress pants. Pants with rivets, sewn-on pockets, stripes, patterns or ripped/torn cuffs are not to be worn.
- Dress shirts must be worn with a necktie or bow tie.
- Dress belts must be worn every day.
- Dress shoes and socks must be worn every day.
- Makeup and/or nail polish will not be permitted.
- Liturgy dress code: dress pants, dress belt, dress shoes, dress shirt, necktie or bow tie and navy blue blazer.

## UNIFORM APPAREL



School uniform Skorts, Knit shirts, pants and sweaters can be ordered through Flynn & O'Hara.  
<https://www.flynnohara.com>

In addition to carrying Uniform Approved Dri-Fit shirts, the St. Mary's Bookstore carries a variety of tee shirts, sweatshirts and more.

*Cash / Check / Major Credit Cards accepted  
716-683-4824*

*Not all styles and sizes may be available at time of purchase.*