

BY SIGNING BELOW YOU ARE OPTING TO WITHHOLD THE FOLLOWING:

**Consent to withhold release of Directory Information:
Elementary School**

All Parents and/or Guardians:

Under the provisions of the Family Educational Rights and Privacy Act of 1974, and as amended, you have the right to withhold the release of any or all of the information listed

below. These items listed below may be released for any purpose with your consent at the discretion of Saint Benedict Catholic School.

If you choose to have withheld any of the following information, a copy of this document must be on file.

If this form is not received in the Saint Benedict Catholic School office by Sept 15, it will be assumed that the information may be released for the remainder of the current school year. A new form for non-release must be completed each year.

Photographs/video of student for the purpose of *publicity materials*
Statistical data of officially recognized activities
Sports, awards, scholarships and other *honors released to the media*.

Parent's Name: _____

Student's Name _____

Parent Signature: _____

Date: _____

Saint Benedict Catholic School Handbook Agreement

Recognizing the responsibility of parents as the primary educator of their children and acknowledging the importance of teaching Christian values by word and example, we the undersigned agree:

To strive to maintain a Catholic/Christian atmosphere in our home and to cooperate actively with Saint Benedict Catholic School in maintaining a Christian school community which teaches and reinforces Catholic/Christian values and habits to include: showing respect to everyone, using appropriate/proper language, asking for and receiving forgiveness, being honest, refraining from gossip, and practicing good manners at all times.

To work closely with teachers and counselors to derive maximum benefit from our association with Saint Benedict Catholic School.

To read and abide by the philosophy, policies and regulations of Saint Benedict Catholic School as outlined in the current handbook and communications to parents.

To meet our financial and service responsibilities to the school community in a prompt and fair manner and to participate in the activities and events listed for Family Service Hours.

BY MY SIGNATURE BELOW, I AGREE TO SEND ANY AND ALL DISPUTES RELATING TO THIS AGREEMENT, TO BINDING ARBITRATION. I ALSO HEREBY WAIVE MY RIGHT TO A JURY TRIAL IF A DISPUTE ARISES IN ANY WAY RELATING TO THIS AGREEMENT.

Family Name (print): _____ Date: _____

Parent Signatures: _____

Student Signatures (each student must sign):

Saint Benedict Catholic School
Administration of Prescription Medication

Student: _____

Prescription Medication and dosage: _____

Time to be given: _____

Method of administration: _____

Reason for medication: _____

Special instructions: _____

I give permission for my child named above to be administered the above medication by school personnel as designated by the school. I release the Archdiocese of Mobile, Saint Benedict Catholic School and the school personnel from any liability associated with the administration of this medication.

Parent/Guardian Signature _____ Date _____

St. Benedict Catholic School
Bullying Report Form

*Bullying, harassment, or intimidation means intentional unwanted, aggressive behavior with an imbalance of power, it may include verbal, physical, written, or electronic conduct/communication **that is repeated.***

Date of report:

Initial report made to:

Persons(s) reporting:

Date(s) of incident(s):

Type (Mark with "X" all that apply)

Verbal	Physical	Emotional	Social Media	Other
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Persons involved:

1.

2.

3.

4.

5.

Where did this occur?

Has this happened before?

Dates?

Additional information available such as, letters, screenshots, photos, or other?
If yes, please provide copies.

Explain this incident.

Describe what you have done to resolve or what you think would resolve this problem.

Parent signature:

Student Signature: