

Immaculate Conception School

Columbia, IL 62236

Formal Agreement 2018-2019

INTERNET/COMPUTER USE

The computer use agreement verifies that a student must comply with all school policies. In particular, it is to be understood that: any use of computers at school is for educational purposes; that there is no privacy in regards to computer files(administration may search at any time); that students must never give their password to anyone else and are responsible for anything done under their login session, and that students may never use a computer for any reason that would be contrary to Catholic values, injurious to another person, or for any type of malicious, violent, or sexual purpose. The full agreement is posted on the school website or may be obtained from the Technology Director, Ms. Brutton.

PUBLICITY RELEASE

I hereby expressly grant to the Immaculate Conception School, the Immaculate Conception Church and/or the Diocese of Belleville the right, privilege and license to use my child's picture or likeness in any photograph, movie, video production or any other forms of media production and to use the child's verbal or written statements or declarations for the purpose of publicizing, fostering and promoting Immaculate Conception School and its programs or for any other purpose in furtherance of the mission statement of Immaculate Conception School.

HANDBOOK REVIEW

Each family receives an Immaculate Conception School Handbook/Calendar. It is each family's obligation to review and comply with the policies therein.

PERMISSION SLIP

I/We as parents of the children listed above, request that Immaculate Conception School allow by son/daughter to participate in a field trip to Immaculate Conception Church, 411 Palmer Road, Columbia, IL for Masses. We release the school and all its employees from any and all liability arising to my/our son/daughter as a result of this trip. We/I agree that it is our responsibility to arrange for our son/daughter to be transported home at our expense in the event of a violation of civil law or deemed necessary by the designated trip leader. We further authorize any emergency medical treatment that may be necessary as result of injury, and assume responsibility for payment thereof.

MEDICAL CONSENT:

We, as parents or legal guardians of our children do hereby certify to ICS and the Catholic Diocese of Belleville the following:

Students _____
Students: _____
Allergies/Medical Conditions: _____ _____
Student is covered by medical insurance? ___yes ___no
Insurance Company: _____ _____
We understand that the school provides some medical coverage through Markel Insurance but will not cover everything. And I/we will assume all responsibility for payment of any medical expenses incurred by the child due to injury or illness that occurs while the child is in attendance at the school, or participating in any school-sponsored activity, including athletic events.
I/we hereby agree to hold harmless and indemnify the school and Diocese, including their employees, volunteers, clergy and religious, from any claims for medical expenses described above.

SIGNATURES OF AGREEMENT

I/We acknowledge that I/we have read and agree to all terms set forth in this agreement.

Please sign:

Parent/Guardian _____

Parent/Guardian _____

Please sign:

Student 1: _____

Student 2: _____

Student 3: _____

Student 4: _____

Date: _____