



St. Stanislaus Kostka School

"Do not walk through time without leaving worthy evidence of your passage." Saint John XXIII

Mrs. Lori Hodder
Principal

www.skschool.org
732-254-5819

"You can't stop the waves, but you can learn to surf."

August 25, 2020

Dear St. Stan's Families,

The quote above is very fitting as we embark on this school year. We are all navigating these waters together, and I am confident we will be successful! The teacher's and I are ready to guide the students through a year of growth both academically and spiritually.

Below are some important items I need to mention to help start our school year off smoothly. These are certain "housekeeping" items that need to be mentioned:

1. Please make sure you set-up your Honeywell account. Important school information is conveyed via Honeywell including school closings, emergency information, and upcoming events. If you have any difficulty in setting up an account, please contact the office.
2. After care is available. In order for your child to participate we must have the after care contact information completed and turned in. The form can be found on the website.
3. There have been changes to the technology usage policy which is located on the website. Here you will also find the Parent/Student Handbook. Please review both, sign the acknowledgements for both in this white envelope, and return them to school no later than September 4.
4. The last important piece of information is the Emergency form. One must be filled out for each child, completed front and back. It is the orange form in this white envelope.

Besides what is mentioned above, the white envelope contains a lot of other important information for this school year, so please go through it carefully. I look forward to reuniting with the students and faculty again after being apart for so long!

Regards,

Lori Hodder, Principal

**DIOCESE OF METUCHEN
SCHOOL OFFICE
EMERGENCY INFORMATION**

In the event of an emergency and none of the persons listed on the form are available,
I authorize the school to take my child to a hospital, doctors office or dentist for
Emergency care.

(This form shall be filled out each September)
Please type or print legibly

Name _____ Year _____

Address _____ Telephone _____

Cell # _____

Fathers name _____

Occupation _____

Full time Part time

Business address _____

Telephone _____

Mothers name _____

Occupation _____

Full time Part time

Business Address _____

Telephone _____

In case of emergency, list three names of persons who could be contacted, if the parents are not available.

Name _____

Telephone _____ Relationship to Child _____

Name _____

Telephone _____ Relationship to Child _____

Name _____

Telephone _____ Relationship to Child _____

(OVER)

SIBLINGS (Put an X if not residing at home)

___ Name _____ Date of Birth _____
 ___ Name _____ Date of Birth _____
 ___ Name _____ Date of Birth _____
 ___ Name _____ Date of Birth _____
 ___ Name _____ Date of Birth _____
 ___ Name _____ Date of Birth _____

Other persons residing in the home

Name _____
 Name _____
 Name _____
 Name _____
 Name _____
 Name _____

HOME SITUATION

- | | |
|------------------------------|------------------------|
| ___ Parents reside together | ___ Single parent home |
| ___ Parents separated | ___ Father remarried |
| ___ Parents divorced | ___ Mother remarried |
| ___ Guardian cares for child | |

Where parents are divorced/separated who has legal (official) custody?

(Please provide a copy of legal custody papers)

Medical Doctor

Name _____

Telephone _____

Dentist

Name _____

Telephone _____

Allergy Information

List any health/medical issues

List medications taken regularly

**Attach Photo
Here
(Optional)**

Signed _____

Relationship to child _____

Date _____

In order to facilitate a smooth and safe dismissal, we would like to eliminate any concerns (at dismissal time) if you send another parent, friend or family member to pick up your child. Please take a moment to list any person(s) that would be regularly allowed to pick up your child. If you will be sending someone not on this list please send a note in to your child's homeroom teacher. Thank you for your help and cooperation. Please fill out one for each child since your children's homeroom teachers will maintain this file.

Student's Name _____ Grade _____

Alternate Adults permitted to pick up my child are:

Name: _____ Telephone: _____

Name: _____ Telephone: _____

Name: _____ Telephone: _____

Name: _____ Telephone: _____

Parent's Signature: _____

St. Stanislaus Kostka School 2019-2020 Handbook Acknowledgement

I acknowledge that I have read the St. Stanislaus Kostka School Parent/Student Handbook, which is published on the school website: sskschool.org. I understand and agree that the PARENT/Student Handbook is binding on the students and parents during the current academic year. I understand and agree that the administration of St. Stanislaus Kostka School will have the authority set forth in the Parent/Student Handbook.

I understand that the policies, rules and regulations contained in Parent/Student Handbook are established for the welfare and benefit of all students. I accept my responsibility to support St. Stanislaus Kostka School in the policies it has established, and to see that my children understand and adhere(s) to the rules and regulations set forth in the Handbook.

Name(s) of Student(s)

Signature of Parent/Guardian

Signature of Parent/Guardian

Date

St. Stanislaus Kostka School
Sayreville, NJ

Ethical Use of Technology Policy Agreement

*The Ethical Use of Technology Policy can be found on our school website: www.sskschool.org. Use of the technological resources will be permitted only upon reading, signing and returning the agreement by **Friday, September 4, 2020**.*

User/Student:

I understand and will abide by the Ethical Use of Technology Policy. I further understand that any violation of the policy is unethical and may constitute a criminal offense. Should I commit any violation, my privileges may be revoked, school disciplinary action may be taken and/or appropriate legal action may ensue.

Student's Name (please print)

Date

Student's Signature

Grade

Parent/Guardian:

As a parent or a guardian of _____, I have read the Ethical Use of Technology Policy. I understand that this access is designed for educational purposes. However, I recognize it is impossible for the school to restrict access to all controversial materials and I will not hold them responsible for materials acquired on the network or any unauthorized actions of my child.

Parent/Guardian's Name (please print)

Date

Parent/Guardian's Signature