

2023-2024
St. Athanasius School
Directions for Completing Registration

We appreciate your cooperation with the following:

- PRINT and SIGN your name on forms requiring signatures.
- Write SEPARATE checks payable to St. A Cafeteria, St. A School, S.A.F.E., and St. A PTO.
- Attach each check to the appropriate form using a paper clip. DO NOT staple to form.

CHECK-OFF LIST OF DOCUMENTS TO COMPLETE ONLINE, PRINT, SIGN, AND RETURN.

- Parent Agreement Handbook Signature Form. (Handbook is Online)
- Internet User Agreement & Permission, Photo/Website Release Form
- Student Device Policy
- Print off forms that are applicable to you and your child(ren)
- Cafeteria Lunch Account Form with check payable to St. Athanasius Cafeteria
- Food Allergy Action Plan Form
- Snack Fee with check payable to St. Athanasius Cafeteria (Kindergarten Only)
- S.A.F.E. Form with check payable to S.A.F.E. (Only if needed)
- Copies of State Birth Certificate, Social Security Card, Baptismal Certificate, Immunization Certificate, and Physical Form, if not current and on file in the school office. **All new families must have these records turned in before school starts.**
- Permission Form for Medication (if medication required during school hours). This also includes Tylenol or Advil and medicine must be brought in.
- PTO form with check payable to St. Athanasius.
- Home Language Survey
- Authorized Student Pick-Up List
- Middle School Locker Agreement Form with check payable to St. Athanasius (Grades 5-8 Only)
- Directions/Check-Off List

Please sign and include this check-off list

Family Name (Print and Sign)

HANDBOOK AGREEMENT FORM

We have read, and reviewed with our student(s) the Parent/Student Handbook (online) and agree to be governed by this school handbook for the school year. We recognize the right and responsibility of the school to make rules and enforce them. We agree to abide by the policies and regulations set forth. This includes but is not limited to: Tuition Policy, Parent Commitment Form, and Internet Student User Agreement.

Printed Student(s) First and Last Names:

Student(s) Signatures (if capable)

1 _____

2 _____

3 _____

4 _____

Parent/Guardian Printed Name

Parent/Guardian Signature

Parent/Guardian Printed Name

Parent/Guardian Signature

Date

Date

Parent Commitment

I have read, understand and accept the St. Athanasius School Parent Commitment as outlined in the Parent/Student Handbook. I agree to be involved and accept the policies in order to make my child's/children's school program a success.

Oldest Student's Full Name

Date

Parent/Guardian Printed Name

Parent/Guardian Signature

Parent/Guardian Printed Name

Parent/Guardian Signature

Student Internet Acceptable Use Policy Agreement and Parent Permission Form

As a user of St. Athanasius School's computer network, I hereby agree to comply with its Internet and network rules and to communicate over the network in a responsible manner, while abiding by all relevant laws and restrictions.

Names of children in Family: _____

Please Print

As the parent or legal guardian of the student signing above, I grant permission of my child(ren) to access networked computer services such as the Internet.

Although steps have been taken to provide filtered Internet access, I understand that some objectionable materials on the Internet may be accessible. I accept responsibility for guidance of Internet use of setting and conveying standards for my child to follow when selecting, sharing, researching or exploring information and media.

The Internet may not be accessed before 7:00 am and may not be accessed after 3:00 pm unless permission is given to the student and monitored by a teacher. Students are never allowed on the system during weekend hours.

EVERYONE MUST SIGN BELOW

Signature of Parent or Guardian _____ Date _____

Printed Name of Parent or Guardian _____

Family Name _____

Photo/Video/Website Release

It is important as a school community to recognize our student(s) for achievements and accomplishments. This may take the form of digital pictures, videotape, and/or mention on the school's web site. All precaution is taken to protect our students especially on the Internet. We post only student's first names on the Hornet's Buzz and photos never identify the child, if used on the Internet. It is appreciated if you would grant us permission to use your child's name and/or image.

I give my permission for St. Athanasius to use my child/children's photo or any other image on any school publication.

Signature of Parent or
Guardian _____ Date _____

Printed Name of Parent or Guardian _____

Student Device Policy

Overview:

The goal of St. Athanasius' 1:1 initiative is to provide each student access to the Internet, Google tools, educational apps, and more technology opportunities.

The 1:1 device initiative allows several things to occur for the benefit of student learning, some of these include the following:

- Promoting student engagement and enthusiasm for learning.
- Encouraging collaboration among student, teachers, parents, and community.
- Reducing the use of worksheets and workbooks.
- Guiding students in their learning and production of knowledge.

Ownership:

St. Athanasius School retains sole right of possession of the device and grants permission to the student to use the device according to the guidelines set forth in this document and all other St. Athanasius policy. Moreover, the administrative staff retains the right to collect, inspect, and actively monitor the device at any time, including via electronic remote access; and to alter, add or delete files, software, and hardware.

Receiving Your Device

Devices will be distributed at the start of the school year on a date to be provided. Parents and students must sign and return the Student Device Policy document before the device can be issued to the child.

Devices that malfunction or are damaged must be reported to the IT Manager. The school will be responsible for repairing devices that malfunction due to normal use. Devices that have been repeatedly damaged from normal use or are repeatedly accidentally damaged will be repaired by the school, however a fee may be imposed based on circumstance. Depending upon circumstances, the student's parents may incur a certain expenses. Devices undergoing repair may, depending upon circumstance and availability may have a loaner issued to the student, if available.

Students may be entirely responsible for the cost of repairs to devices that are damaged intentionally or due to neglect, including but not limited to, leaving device outside, throwing the device, removing or changing the physical structure of the device, or removing keys. In case of theft, the parent should immediately contact the Principal and be willing to assist with filing a police report.

Device Check-in

Devices will be returned prior to the end of the school year, on a date to be provided, so they can be checked for serviceability and to be stored for the summer. If a student transfers out of St. Athanasius School for any reason during the school year, the device, charger, tools, case, and any other peripheral devices provided will be returned at that time.

March 10, 2022

If a student fails to return the device, charger, tools, case, and any other peripheral devices provided at the end of the year or upon termination of enrollment at St. Athanasius School, parents may be subject to having student grades/records withheld, financial obligations, or criminal action pursued.

Student Responsibility:

Students are responsible for using devices in a responsible and ethical manner. Students should obey general school rules concerning behavior and communication that apply to any and all computer use.

A. Care of Device

- **Students are responsible for having the device daily and battery fully charged upon arrival to school.**
- Food or drink should not be consumed next to your device.
- Students should never carry their device while the screen is open, unless directed to do so by a teacher.
- Device should be shut down when not in use to conserve battery life.
- Device must remain free of any writing, drawing, stickers, or labels unless placed there by staff.
- Device must never be left in an unlocked car or any unsupervised area.
- The device screens can be damaged if subjected to rough treatment. Do not put the device under unnecessary pressure. Do not place anything near the device that could put pressure on the screen. Do not “bump” the device against lockers, walls, car doors, floors, etc. or it will eventually cause damage.
- When storing the device ensure that nothing is placed on top of the device and it is not subject to falling.
- Only One User. Do not allow anyone else to use your device other than your parent or guardian. Loss or damage that occurs when anyone else is using it may be your responsibility.

B. Activities Strictly Prohibited:

Student is strictly prohibited from the following actions while using their devices.

- Devices are not permitted to be used in the cafeteria before, during student lunch period, or after school unless monitored by a teacher. At lunch, the device should remain in the classroom or be placed in the student’s locker.
- Illegally installing or transmitting copyrighted materials.
- Transmitting or accessing material that is or otherwise intended to harass or demean another person.
- Spamming—sending mass or inappropriate messages.
- Using the Internet to access personal (non-school related) materials and/or accounts.
- Gain access to other student’s accounts, files, and/or data without consent from the IT Manager

Material On The Device

Inappropriate media should not be on the device. Any application needed by the student will be installed by the IT Manager. Neither students nor parents have permission to install any type of application. Any instance of downloading applications without permission will be dealt with on an individual basis by the Principal.

Sound must be muted at all times unless permission is obtained from the teacher.

Data storage on the device is limited and should be managed by the students so that the full educational potential of the device is available.

I have read, understand, and will support the Student Device Policy. Please fill in the following:

Parent Signature _____ Date _____

Parent PRINTED Name _____

Family Name _____

Child(ren) Name(s):

Student Signature _____ Date _____

Printed Student Name _____

Serial # of device _____ Initials _____

CAFETERIA ACCOUNT FUNDING

1. CASH ON ACCOUNT – UNLIMITED – Cash/check is sent to the school and deposited into your child's account. There is no limit on the amount of money that can be deposited into your child's account. These funds are available to your child when purchasing meals and/or a la carte foods in the cafeteria. There are NO LIMITATIONS as to what may be purchased or how many purchases can be made. The account balance simply decreases as purchases take place. However, a meal must be purchased before a la carte items can be bought.

2. PREPAID MEALS ONLY – Cash/check is sent to the school and deposited into your child's account but is designated for student meals only. No snacks or a la carte food items can be purchased.

Student Name: _____ Grade: ____ PIN ____
 Option 1 – Cash On Account – UNLIMITED
 Option 2 – Prepaid Meals Only

Student Name: _____ Grade: ____ PIN ____
 Option 1 – Cash On Account – UNLIMITED
 Option 2 – Prepaid Meals Only

Student Name: _____ Grade: ____ PIN ____
 Option 1 – Cash On Account – UNLIMITED
 Option 2 – Prepaid Meals Only

Student Name: _____ Grade: ____ PIN ____
 Option 1 – Cash On Account – UNLIMITED
 Option 2 – Prepaid Meals Only

Parent Printed Name

Parent Signature

Date

Cafeteria Manager Use Only	
Cash	_____
Check	_____
Number of Tickets	_____
Verified by	_____
Date Input into System	_____

STUDENTS WITH ALLERGIES ONLY MUST HAVE ONE OF THESE FORMS ON FILE.

FOOD ALLERGY ACTION PLAN

Student's Name: _____ DOB _____ Homeroom _____

Allergic to: _____

Asthmatic [] Yes [] No

➤ **SYMPTOMS/SIGNS OF AN ALLERGIC REACTION**

- Mouth Itching and swelling of the lips, tongue or mouth
- Throat Itching and/or a sense of tightness in the throat, hoarseness and hacking cough
- Skin Hives, itchy rash and/or swelling about the face or extremities
- Gut Nausea, abdominal cramps, vomiting and/or diarrhea
- Lung Shortness of breath, repetitive coughing and/or wheezing
- Heart "Thready" pulse, passing-out

➤ **ACTION FOR MINOR REACTION**

1. If only symptom(s) are: _____, give
(medication/dose/route): _____

Then call the following:

2. Name _____ Phone _____
Name _____ Phone _____
Doctor _____ Phone _____

If condition does not improve within 10 minutes, follow steps for Major Reaction below.

➤ **ACTION FOR MAJOR REACTION**

1. If Ingestion is suspected and/or symptom(s) are: _____
give (medication/dose/route): _____ IMMEDIATELY.
2. Then call EMS (911) and the contacts listed above.

Parent signature _____ Date _____



Kindergarten Only

Family Name

(Please Print)

Please attach checks (do not staple) to this form and return in your registration packet. Snack fees are for Kindergarten students only. Please write separate checks for each fee.

Kindergarten Milk/Snack Fee..... \$96.25 per student
(Check payable to St. Athanasius Cafeteria).

2023-2024 St. Athanasius After School Care Enrollment Form

A \$60.00 registration fee per family is due with this form

Please circle choice needed:

Full Time (4-5 days/week)

Part Time (2-3 days/week)

Drop In (1 day ONLY/week)

1 child - \$75.00

1 child - \$55.00

1 child - \$25.00

2 children - \$95.00

2 children - \$75.00

2 children - \$35.00

3 children - \$115.00

3 children - \$95.00

3 children - \$45.00

Please circle the days your child will be attending each week: Mon Tues Wed Thurs Fri

*Please fill out a separate form for each additional child

Last Name	First Name	M.I	Male Female	Date of Birth	Grade Entering
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Parent/Guardian Information:

Mother's Name: _____ Cell Phone: _____

Mothers Email: _____

Mother's Employer: _____ Work Phone: _____

Father's Name: _____ Cell Phone: _____

Father's Email: _____

Father's Employer: _____ Work Phone: _____

Home Address: _____

Give name and phone number of TWO people to contact in case of Emergency (other than Mom & Dad)

1. _____ Phone Number: _____

2. _____ Phone Number: _____

List anyone who **IS AUTHORIZED** to pick up your child(ren):

1. _____ Phone Number: _____

2. _____ Phone Number: _____

List anyone who **IS NOT AUTHORIZED** to pick up your child(ren):

1. _____ Phone Number: _____

2. _____ Phone Number: _____

Emergency/Medical/Insurance Information: (this MUST be completed)

Child(ren)'s Physician: _____ Phone number: _____

Insurance Company: _____ Policy # _____

Preferred Hospital: _____ Phone number: _____

List any medical conditions or allergies that we should know about:

I hereby give my child(ren) herein described permission to engage in all activities and field trips except as noted by be. If emergency medical care is necessary and I cannot be contacted, I authorize the staff to act on my behalf in granting permission for my child(ren) to receive emergency medical treatment. I release the staff at St. Athanasius Parish and School of any liability over and above its insurance limits.

Signature: _____ Date: _____

PERMISSION FORM FOR MEDICATION

School: _____

Date form received by the school: _____
Student: _____ Date of birth, or age _____
Grade: _____ Teacher/Classroom: _____

To be completed by the physician or authorized prescriber
Reason for medication: _____
Name of medication: _____

Form of medication/treatment:
 Tablet/capsule Liquid Inhaler Injection Nebulizer Other _____

Instructions (Schedule and dose to be given at school): _____

Start: date form received Other date: _____
Stop: end of school year Other date/duration: _____
 for episodic/emergency events only

Restrictions and/or important effects: None anticipated
 Yes. Please describe. _____

Special Storage Requirements: None Refrigerate
Other: _____

This student is both capable and responsible for selfadministering this medication:
 No Yes - Supervised Yes - Unsupervised

This student may carry this medication: No Yes

Please indicate if you have provided additional information:
 On the back side of this form As an attachment
Date: _____ Signature: _____

Physician's Name: _____
Address: _____
Phone Number: _____
Doctor's Signature: _____

To the school: Please report concerns about medications or disease to the above physician.
To be completed by parent/guardian:

I give permission for (name of child) _____ to receive the above medication at school according to standard school policy. (Schools require parent/guardian to bring the medication in its original container.)

Date: _____ Signature: _____
Relationship: _____
Parent/Guardian Phone Numbers: Home _____ Work _____ Emergency _____

Annual PTO Fee



The St. Athanasius PTO provides many events and activities during school year that benefit our students and teachers. The Annual PTO Fee helps to cover the cost of these fun activities and purchases that benefit our students in the classroom. Some of the PTO events and activities include:

- Fun / Color Run Fundraiser
- Santa Shop
- Teacher & Faculty Appreciation Luncheon
- Field Day
- Teacher Grants
- 8th Grade Scholarships
- Playground Equipment used at Recess

Please include a separate \$40 check (made out to St Athanasius PTO) for the PTO Fee and this completed form in your registration packet.

PTO Fee = \$40 per family

Student(s) Name:	Grade:	T-Shirt Size (for Fun/Color Run and Field Day):

Parent Name:	Email:	Phone Number:	Are you interested in volunteering with the PTO?

Please consider volunteering with the PTO and make our awesome school even better! We love our volunteers!!!



Home Language Survey

Dear Parent/Guardian:

The purpose of the home language survey (HLS) is to determine the primary or home language of the student. This information is essential in order for schools to provide meaningful instruction for all students. The HLS is part of the statewide identification process required under Section 3113(b)(2) of the Every Student Succeeds Act (ESSA) and 703 KAR 5:070.

The HLS must be given to all students enrolled in the school district.

The HLS is administered **one time, upon initial enrollment in grades K-12 and remains in the student's cumulative file.**

Please note that the answers to the survey below are student-specific. **If a language other than English is recorded for ANY of the required survey questions below, the district is legally obligated to do further assessment of your child to determine if he/she is eligible for language support.**

Answers will not be used for determining legal status or for immigration purposes. If your child is identified for English language services, you may decline some or all of the services offered to your child.

If you have any questions on how to complete the HLS, please contact your child's school.

Student Information (required):

Name: _____ DOB: _____

Student Language Background (required):

1. What is the language most frequently spoken at home? _____
2. Which language did your child learn when he/she first began to talk? _____
3. What language does your child most frequently speak at home? _____
4. What language do you most frequently speak to your child? _____

Language for School Communication (not required):

5. In which language would you prefer to receive all school information: _____

Parent/Guardian Signature: _____ Date: _____

By signing here, you certify that responses to the four required questions above are specific to your student. You understand that if a language other than English has been identified, your student will be tested to determine if they qualify for language support services, to help them become fluent in English. Students qualifying for language support services are entitled to services as an English learner and will be tested annually to determine their English language proficiency as required by ESSA 1111(b)(2)(G).

For School Use Only

School personnel who administered and explained the HLS and placement of a student into an English language development program if a language other than English was indicated:

Name: _____ Date: _____

****New Required Form at Registration****

Authorized Pickup List

In the event that you are unable to pick your child(ren) up from school, please list the names of other individuals that are authorized to pickup your child from school. We are not allowed to let your child/ren leave with anyone other than the custodial parent/s or guardians unless we have written approval from you.

Family Name _____

I, _____, authorize the following adults to pick up my child/ren (Print Name/Grades) if custodial parents or guardians are unable to do so or cannot be reached.

_____	_____
_____	_____
_____	_____
_____	_____

Name _____ Phone # _____
Relationship _____

Name _____ Phone # _____
Relationship _____

Name _____ Phone # _____
Relationship _____

Name _____ Phone # _____
Relationship _____

Name _____ Phone # _____

*New Required Form Grades 5-8

Middle School Locker Agreement Form

Return this form with an \$8 check made payable to St. Athanasius.

The use of a St. Athanasius Middle School Locker is a privilege not a right. Students must follow all of the rules below in order to maintain this privilege. Should a student violate any of the rules below they will be subject to disciplinary consequences and possibly fined should the locker be damaged and need repair.

As a student of St. Athanasius Middle School, I agree to the following in regards to my locker usage:

1. Administration and faculty reserve the right to search my locker at any time.
2. I will ONLY place the school issued lock on my locker. I will not attempt to change the combination to my school issued lock.
3. I will keep only items necessary for school in my locker.
4. I will NOT write anywhere on my locker nor intentionally scratch words/pictures anywhere on my locker.
5. I will NOT use tape, adhesive, or contact paper of any kind anywhere on the inside or outside of my locker. (Items may be hung on the inside of the locker with magnets.)
6. I will NOT place any pictures/signs on the outside of any lockers.
7. I will take home any and all food and drink items at the end of every school day. Food MAY NOT be kept in lockers outside of a lunchbox.
8. I will NOT keep any valuables in my locker.
9. I understand that the school is NOT responsible for theft, damage, or vandalism of property including, but not limited to personal property and textbooks.
10. I will only use the locker issued to me. I will NOT share and/or swap lockers or locks with any other student. I will NOT share my lock combination with anyone.
11. I understand that I will be required to clean out my locker periodically to make sure it is staying organized and neat.
12. I understand that the locker must be in the same condition at the end of the year as it was at the beginning of the year and am responsible for any damages that occur.

Student Name _____ Grade _____

Student Signature _____ Date _____

Parent Signature _____ Date _____

St. Athanasius Sacrament invitation

Dear Parents,

My name is Debbie Minton and I am the Parish Catechetical Leader at St. Athanasius. I work with both School and the Parish Religious Education Program (PREP) in the parish to prepare the children for the reception of their sacraments. We have Baptism sessions scheduled for parents and godparents several times during the year. I work with the second and eighth grades specifically for the Sacraments of Reconciliation, Eucharist and Confirmation.

In order for your child to receive the sacraments in the second grade they must be baptized. In Catholic families the child is usually baptized as an infant or toddler. If for some reason, this did not happen, I invite you to contact me to join a baptism class.

Our scheduled dates for the rest of the year are as follows: If none of these dates work for your family please contact me.

Thursday August 17th at 6:30 p.m. for parent/godparent session; Baptism on Saturday August 19th, at 5 p.m.

Thursday November 9th at 6:30 p.m. for parent/godparent session; Baptism on Saturday November 11th 4 p.m. Mass, 5 p.m. group, Sunday November 12th, 8:30 a.m. and 11 a.m. Mass

Thursday January 4th, 2024 at 6:30 p.m., for parent/godparent session; Baptism on Saturday January 6th at 4 p.m. and 5 p.m. group and January 7th at 8:30 and 11 a.m. Mass.

For children, third grade and above who have been baptized but have not received the sacrament of Reconciliation, I will have a four-week preparation program starting August 23rd through September 13th from 5:00-6:00 p.m. in the Parish center.

For children, third grade and above who have not been baptized, but want to become Catholic, we will begin the RCIA for children process on Wednesday September 20th from 5:00-6:00 p.m. in the Parish Center. I also prepare adults to become Catholic on Sunday mornings between the 8:30 a.m. and 11 a.m. Mass.

If you have any question about the preparation for sacraments or the RCIA process, please contact me.



Thank you,



Debbie Minton

502 969-3332 ext. 106

dminton@staparish.com

SAINT ATHANASIUS ELEMENTARY SCHOOL CALENDAR 2023-2024

 Holiday
 Conference Day

 Holy Day of obligation
 Half Day

August 2023				
M	T	W	Th	F
	1	2	3	4
7	8	9	10	11
14	15	16	17	18
21	22	23	24	25
28	29	30	31	

August

First Day of Instruction
(Half Day)
16 11:00 Dismissal
17 First Day of Instruction
for PreK

September 2023				
M	T	W	Th	F
				1
4	5	6	7	8
11	12	13	14	15
18	19	20	21	22
25	26	27	28	29

September

4 Labor Day-No School

October 2023				
M	T	W	Th	F
2	3	4	5	6
9	10	11	12	13
16	17	18	19	20
23	24	25	26	27
30	31			

October

12 Conferences No
School
13 No School
16 No School

November 2023				
M	T	W	Th	F
		1	2	3
6	7	8	9	10
13	14	15	16	17
20	21	22	23	24
27	28	29	30	

November

7 Professional Develop.
Day – No School
20- Thanksgiving Break
24

December 2023				
M	T	W	Th	F
				1
4	5	6	7	8
11	12	13	14	15
18	19	20	21	22
25	26	27	28	29

December

8 Immaculate Conception
9 High School Placement
15 11:00 Dismissal
Dec.18- Christmas Break
Jan. 2

TRIMESTERS

I 60.5 Instructional
II 55.5 Instructional
III 59 Instructional
Total 175 Instructional
(includes 1 snow day)

January

1 New Year/Christmas
Break
2 School Resumes
15 M.L. King Holiday

February

14 Ash Wednesday
15 Conferences- No
School
16 No School
19 No School
24 End Second
Trimester
27 Begin Third
Trimester

March

15 No School
29 No School
Good Friday

April

1-5 Spring Break

May

3 Derby Eve Holiday
9 Ascension of Jesus
23 Field Day
24 Report Card P/U
last day
22 Memorial Day

January 2024				
M	T	W	Th	F
1	2	3	4	5
8	9	10	11	12
15	16	17	18	19
22	23	24	25	26
29	30	31		

February 2024				
M	T	W	Th	F
			1	2
5	6	7	8	9
12	13	14	15	16
19	20	21	22	23
26	27	28	29	

March 2024				
	T	W	Th	F
				1
4	5	6	7	8
11	12	13	14	15
18	19	20	21	22
25	26	27	28	29

April 2024				
M	T	W	Th	F
1	2	3	4	5
8	9	10	11	12
15	16	17	18	19
22	23	24	25	26
29	30			

May 2024				
M	T	W	Th	F
		1	2	3
6	7	8	9	10
13	14	15	16	17
20	21	22	23	24
27	28	29	30	31

MAP Assessment Dates
8/23-9/22
1/3-2/7
4/8-5/10