

**ELEMENTARY/MIDDLE SCHOOL HANDBOOK AGREEMENT FORM****PARENT/GUARDIAN**

The Aquinas Elementary/Middle School Handbook is posted on the school website. I have reviewed the handbook and I have explained the content of this document to my child(ren). I acknowledge and agree to the policies obtained therein, and will require my child(ren) to comply with the policies which apply to students.

I also realize during my child's enrollment at the school I will be informed from time to time, formally or informally, of various changes in school and/or Diocesan policies. I understand the school and/or Diocese reserves the right to change policies at any time with or without advance notice. I further understand it is required for me to sign this form in order to continue my child's enrollment at the school.

**Print all student's name/grade:**


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 (Parent's Signature)

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 (Parent Printed Name)

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 (Date)
**FOR MIDDLE SCHOOL STUDENTS ONLY**

**I have read the Parent/Student Handbook and agree to observe all school regulations.**

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 (Student's Printed Name)

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 (Student's Signature)

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 Date

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 (Second Student's Printed Name)

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 (Second Student's Signature)

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 Date

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 (Third Student's Printed Name)

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 (Third Student's Signature)

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 Date



**OFFICE OF CATHOLIC SCHOOLS DIOCESE OF ARLINGTON  
CONFIDENTIAL STUDENT HEALTH HISTORY UPDATE**

**PARENT/GUARDIAN: Please complete this form at the beginning of each school year.**

Name \_\_\_\_\_  M  F DOB: \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_  
 Mother / Guardian \_\_\_\_\_ Work # \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_  
 Father / Guardian \_\_\_\_\_ Work # \_\_\_\_\_ Home # \_\_\_\_\_ Cell# \_\_\_\_\_  
 Physician \_\_\_\_\_ Phone# \_\_\_\_\_ School Year \_\_\_\_\_

**Complete the following checklist by indicating any of the following student conditions, past or present.**

	YES*	DATE
ADHD	<input type="checkbox"/>	
Allergies / Environmental	<input type="checkbox"/>	
Allergies / Food	<input type="checkbox"/>	
Allergies / Insect Stings or Bees	<input type="checkbox"/>	
Allergies / Latex	<input type="checkbox"/>	
Allergies / Medications	<input type="checkbox"/>	
Allergies / Other	<input type="checkbox"/>	
Anxiety	<input type="checkbox"/>	
Asthma / Breathing Problem	<input type="checkbox"/>	
Behavioral Problem	<input type="checkbox"/>	
Bladder / Kidney Disorder	<input type="checkbox"/>	
Bleeding / Clotting Disorder	<input type="checkbox"/>	
Bone / Joint / Muscular Disorder	<input type="checkbox"/>	
Cancer	<input type="checkbox"/>	
Convulsions / Epilepsy / Seizure	<input type="checkbox"/>	
COVID-19	<input type="checkbox"/>	
Depression	<input type="checkbox"/>	
Dental Problem	<input type="checkbox"/>	
Developmental Problem	<input type="checkbox"/>	
Dizziness or Fainting	<input type="checkbox"/>	
Diabetes	<input type="checkbox"/>	
Dietary Restriction	<input type="checkbox"/>	
Digestive / Bowel Problem	<input type="checkbox"/>	
Eating Disorder	<input type="checkbox"/>	
Endocrine Disorder	<input type="checkbox"/>	
Head or Spinal Injury	<input type="checkbox"/>	

	YES*	DATE
Headaches / Migraines	<input type="checkbox"/>	
Hearing Problem	<input type="checkbox"/>	
Heart Defect or Disease	<input type="checkbox"/>	
Hepatitis or Liver Problem	<input type="checkbox"/>	
Hernia	<input type="checkbox"/>	
Hypertension	<input type="checkbox"/>	
Immune System Disorder	<input type="checkbox"/>	
Infectious Disease, Current	<input type="checkbox"/>	
Infectious Disease, Inactive	<input type="checkbox"/>	
Lead Poisoning	<input type="checkbox"/>	
Menstrual Problem	<input type="checkbox"/>	
Mental Health Diagnosis	<input type="checkbox"/>	
Mobility Limitation	<input type="checkbox"/>	
Mononucleosis	<input type="checkbox"/>	
Orthodontic Treatment	<input type="checkbox"/>	
Physical Education Restriction	<input type="checkbox"/>	
Psychological / Emotional Problem	<input type="checkbox"/>	
Scoliosis	<input type="checkbox"/>	
Skin Condition	<input type="checkbox"/>	
Soiling / Incontinence	<input type="checkbox"/>	
Speech Disorder	<input type="checkbox"/>	
Surgery or Hospitalization	<input type="checkbox"/>	
Tuberculosis	<input type="checkbox"/>	
Vision or Eye Disorder	<input type="checkbox"/>	
Weight Concern (Under/Overweight)	<input type="checkbox"/>	
Other: (explain below)	<input type="checkbox"/>	

\*Provide details for all items above marked **YES** : \_\_\_\_\_

Does the student's health condition require medically necessary medications or specialized health care treatments in school?  YES  NO

Explain \_\_\_\_\_

Does the student take any medications, homeopathic supplements, or nutritional & performance supplements

YES  
 NO Explain \_\_\_\_\_

Specifically **during or after exercise**, has the student experienced any of the following? Check all that apply:

- Fainting / Passing-Out    
  Heat Stroke    
  Severe Lightheadedness / Dizziness    
  Coughing / Wheezing    
  Excessive Bruising  
 Extreme Shortness of Breath    
  Chest Pain    
  Numbness / Tingling in \_\_\_\_\_    
  NONE APPLY

Was a Medical Evaluation done as a result of any of the above symptoms during exercise?  YES  NO Outcome: \_\_\_\_\_

YES  NO **CONSENT FOR TREATMENT:** I give my permission for qualified school personnel to provide routine health care and first aid to my child as may be necessary during school and after school activities. I assume full responsibility for providing the school with all necessary student over-the-counter or prescription medications as well as necessary medical treatment supplies and authorizations.

YES  NO **CONSENT TO SHARE INFORMATION:** The school nurse and/or health aide have my permission to share my child's confidential health information, on a need-to-know basis, with appropriate members of the educational staff, primary healthcare providers, and extended day, for use in meeting the educational and health needs of my student. This consent includes the sharing of personally identifiable health record information during immunization and communicable disease surveillance audits by the Virginia Department of Health and the Virginia Department of Social Services for licensed program compliance, if applicable.

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

**ST. THOMAS AQUINAS REGIONAL SCHOOL**  
**TECHNOLOGY ACCEPTANCE OF RESPONSIBILITY and HOME USE AGREEMENT**  
**FOR PARENT/GUARDIAN AND STUDENT**

I, \_\_\_\_\_, agree to allow \_\_\_\_\_  
(please print parent name) ( please print student name and grade )  
to participate in the one-to-one student technology program at Saint Thomas Aquinas Regional School.

Whether in school or at home, students are prohibited from accessing sites that are inappropriate and/or are not related to curriculum activities. While the school's internet filtering limits students' ability to access harmful internet sites through the school's networks, parents/guardians will cooperate and help the school in monitoring the student with use of the device. Students should only share passwords with parents/guardians.

**Parent:** As a parent/guardian, I understand that I will be responsible for monitoring my child's Internet access when my child uses an Aquinas technology device at home. My child is aware of all aspects of the Technology Acceptable Use Policy as stated in the Parent/Student Handbook. I realize that the best way to keep students safe and on-task is to participate in what they are doing. I understand that the technology device should be used in common spaces in the home, not isolated behind closed doors. I understand that my child is expected to bring the device fully charged and ready for use when attending school on campus. I agree that replacement due to excessive damage of the technology device and/or its power cord is the responsibility of the parent.

I understand that Aquinas accepts no responsibility and will not be liable for damage to any home network or home computing device that results from the use of an Aquinas device.

**Student:** As a student, I understand that when used outside of the Aquinas building, Aquinas technology devices will still have filtered Internet access. I understand that I am being permitted to use an Aquinas device to learn the Aquinas curriculum, and that uses unrelated to our educational program (including but not limited to personal email, games, music, use of social networking sites, and installing extensions or apps) are prohibited. I understand that I am responsible to bring my provided technology device fully charged and ready for use when attending school on campus.

I understand that Aquinas has the right to recall and review the contents of school devices at any time including any personal information that may be stored on or accessible by the device. I agree that replacement due to excessive damage of the technology device and/or its power cord is the responsibility of my family. Because the device is property of Aquinas, I will take good care of it and protect it at all times.

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

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Student Signature Date

**St. Thomas Aquinas Regional School**  
**Technology Responsible Use Guidelines**

1. While at school, the technology device will be used only at the discretion and direction of the teacher. Each teacher has the right to approve or block the use of the technology device in the classroom. Student use of the technology device against the express wishes of a teacher will result in the loss of the technology device.
2. The technology device should be used only in conjunction with projects relating to the educational programs of Aquinas. It may not be used as a personal or social device for the student while at school or outside of school. Student use of the technology device for other than teacher-required curriculum use will result in some loss of privileges and/or other disciplinary action.
3. When using the technology device it is essential to practice responsible digital citizenship as outlined in the Technology Acceptable Use Policy in our school handbook.
4. The technology device will not be shared with another student while at school without permission of the teacher.
5. The technology device should never be left unattended in a public place. Unattended technology devices will be turned into the Technology Office where they may be reclaimed after presenting a note from the homeroom teacher.
6. The technology device should not be used near water, household chemicals, or other liquids that could damage its electronic components. There should be no eating or drinking near technological devices.
7. When carried outside, the technology device should be protected in such a way that rain, snow, ice, excessive heat, and/or cold will not damage it. While in the backpack, the technology device must be kept in a protective pouch/case.
8. The technology device is a valuable object and should be treated appropriately. It should not be thrown, dropped, or hit. It should not be left on the floor where it can be stepped on or crushed. It should never be placed on the roof or hood of a car, on the sidewalk or street, or treated in any way that may cause it to be crushed, dropped, or damaged. Evidence of abuse that results in permanent technology device damage will require replacement by the parent/guardian.
9. The technology device should be used in common spaces in the home or in an area designated by the parents or guardians and not isolated behind closed doors.
10. Lost technology devices must be immediately reported to the school office and the school's Technology Office/Mrs. Mendell (email: [jmendell@aquinastars.org](mailto:jmendell@aquinastars.org)).