



Your Opportunities Await at **St. Mary's High School**

142 Laverack Avenue • Lancaster, N.Y. 14086

Phone: (716)683-4824 • Fax: (716)683-4996

Dear Future Lancer,

On behalf of the entire St. Mary's High School Family, including our deep and successful alumni base, I congratulate you on your acceptance into St. Mary's High School.

As an alumnus of St. Mary's, I have been afforded a tremendous opportunity to come back to work at a place that I am very passionate about. Challenging our students to excel and do great things is something I truly look forward to each day.

I am very fortunate to have a dynamic and collaborative leadership team around me. This team, coupled with our very talented faculty and staff, allows us to uphold our mission to provide a first class, faith-based college preparatory education, while affording as many opportunities as possible to become tomorrow's leaders. The genuine family feel existing in our hallways, combined with the unique spirit and strong sense of community here at St. Mary's, allows us to accomplish many wonderful things in an enjoyable and supportive atmosphere. We work hard and have fun while we do it.

At St. Mary's, you will of course find a challenging and innovative curriculum, with mandated courses that teach important life skills, like leadership and public speaking. Yet we also pride ourselves on not being solely a learning institution. Your time at St. Mary's will afford you incomparable life experiences as well, full of endless extra-curricular possibilities within the school and in the community: service trips abroad, college tour programs, and senior trips are just a few of the wonderful platforms where students are able to learn about life through travel.

I am honored beyond words to be leading this great school, with its proud history, successful and supportive alumni base, the engaging faculty and staff, and most importantly, it's incredibly talented and inspiring students.

Once again, please accept my most heartfelt congratulations on your acceptance. St. Mary's High School graduates have the intellectual ability, the self-confidence of a real world co-ed experience, and the leadership skills to succeed in college and in life. You and your family should be extremely proud of your accomplishments. I look forward to getting to know you and watching you grow and do GREAT THINGS over the next four years! If you have any questions about your upcoming time here at St. Mary's, please don't hesitate to call or email me at 716-683-4824 x349 or kkelleher@smhlancers.org.

Sincerely,

Kevin Kelleher, '89
Head of School, St. Mary's High School



CHECKLIST FOR REGISTRATION

*Please complete and submit this packet in order to secure your student(s) place. To set an in-person appointment, contact the Dean of Student Life & Enrollment, Andrea Drabik at adrabik@smhlancer.org or 716-683-4824, extension 311.

Business Office

____ Tuition & Registration Policies Forms

____ Registration Fee

____ Activity Fee (Referee fees, uniforms, moderators, club consumables, **coaches'** stipends, etc.)

Guidance Office

____ Authorization to Release Student Information

____ Academic Accommodation Forms

____ Freshman Course Request Form

____ Foreign Language Course Selection

Registrar Office

____ Registration Form

____ Consent To Release Names, Photos, Videotape Recordings and/or Biographical Info

____ Textbook Request Form

____ School Messenger Form

Chromebook/Tec

____ Acceptable Technology Use Policy for Students

____ Technology Fee (Acquisition, installation, and maintenance of current and emerging technologies to enhance student learning. This fee supports school wide technology including but not limited to digital services such as internet access, e-mail, online security, software, computer labs and wireless networks. Even when the student is not physically in school, their e-mail account is still active and protected.)

Health Office

____ *A copy of your Birth Certificate*

____ Health and Emergency Update Form

____ Authorization For Use or Disclosure of Health Information (grey)

____ Requirements for Freshman Athletes

____ Physical/Health Certificate/Appraisal Form

____ Administration of Medication in School

____ Dental Health Form

Additional Information

____ Calculator Information

____ Uniforms

Transportation

*Families need to contact their public school transportation department by March 1st to secure transportation for the 2022-2023 school year.

*Families will be contacted regarding Buffalo (Metro) transportation after registration has been completed.



St. Mary's High School

TUITION & REGISTRATION POLICIES 2022-2023

- **PLEASE COMPLETE AND RETURN TO ST. MARY'S** -

STUDENT (last, first) _____
(Please print)

Grade entering: _____

The undersigned hereby accepts responsibility for tuition payment for the above named student at St. Mary's High School for the 2022-2023 school year. I attest that the student is of good moral character and that all information submitted on his/her behalf is correct to the best of my knowledge. I agree to abide by the **payment terms set forth by St. Mary's High School as follows:**

The Registration, Activity and Technology fees are due upon registration. This registration fee is a tuition deposit that is NON-REFUNDABLE and is deducted from your tuition. This payment secures your student(s) place and can be made online at [Registration](#) or in person, by appointment. To register in person, please contact the Dean of Student Life and Enrollment, Andrea Drabik at adrabik@smhlancers.org or by calling 716-683-4824, extension 311.

PLEASE NOTE: St. Mary's utilizes FACTS Management for tuition processing.

Tuition and Annual Charges

Tuition 2022-2023	\$11,825	(This includes the LECOM fee, see below for timing)
Technology Fee	\$200	(Due upon registration, Chrome Books will be distributed at Orientation)
Activity Fee	\$400	(Due upon registration)
Bash for Cash Tickets	\$200	(Prior to event, more information forthcoming)

An automated payment option through FACTS, must be designated from the choices below. (Check one)

- _____ 1. Pay in full option by April 1, 2022
_____ April 1, 2022 with cash, check or credit card and receive a 2% discount. ***
*** Note: If paying in full by April 1, 2022, **payment has to be processed at St. Mary's**. If you attempt to pay in full through FACTS, you will NOT receive the discount.
- _____ 2. Set up quarterly automatic payments with FACTS, contact the business office, Extension 326.
(June 5th, September 5th, December 5th and March 5th)
- _____ 3. Set up a monthly automatic payment plan with FACTS, contact the business office, Extension 326.
(June-May, with the option of paying on the 5th or 15th of the month)

To set up your FACTS account, go to <https://online.factsmgt.com/signin/3FTCK>

St. Mary's High School will accept Visa, Master Card, American Express, and Discover for tuition payment.

Student will not be able to select courses/enroll for the upcoming 2022-2023 school year until we have the signed tuition and registration policies form and non-refundable deposit.

Tuition Payment Policy

- No student will be allowed to start school in September 2022 unless they are current with tuition or prior arrangements have been made.
- In the event tuition payments are not current by the end of each quarter, your student will not be able to continue attending classes until your tuition is current or arrangements have been made. Additionally report cards will not be distributed until tuition is current.
- **St. Mary's reserves the right** to have your student deemed ineligible to participate in any non-academic extra-curricular activities including field trips, athletics, performing arts, student government, etc. if tuition is consistently in arrears or prior arrangements that were made are not honored.
- If the above conditions persist, **St. Mary's reserves the right to request your student to** be withdrawn from the school. If this is the case, a formal letter will be sent explaining that tuition must be brought current within 10 days. Failure to adhere to the terms of this formal letter will result in the dismissal of the student.
- When a student withdraws, voluntarily or involuntarily, tuition will be prorated for each school calendar month of enrollment beginning with the first day of the month. An exit fee of \$750.00 will also be required in order to receive your transcripts.
- Final transcripts will not be released until all obligations have been satisfied. This includes the return of all textbooks, Chromebooks, sports uniforms and the payment of any outstanding tuition or fees. **St. Mary's** reserves the right to recover unpaid tuition through any available legal means, including legal action or use of a collection agency.

Late Payment

If a payment is received after the due date, a late fee of \$50 will be assessed to your account (including families enrolled in FACTs).

NSF Checks

Any check payments received that are marked non-sufficient funds will have an insufficient fund fee of \$50 assessed.

FOR LEGAL PURPOSES, The PARENT(S) FINANCIALLY RESPONSIBLE FOR STUDENT MUST COMPLETE THE SECTION BELOW. IF THIS FORM IS NOT COMPLETED IT WILL BE RETURNED.

(Please print)

Father's Name _____

Address _____ City _____ Zip _____

Landline (____) _____ Cell (____) _____ Work (____) _____

E-mail Address for tuition correspondence _____

I have read the above Tuition & Registration Policies form and agree to all the above terms. Sign below, retain a copy for your records and return a signed copy upon registration.

Father/Guardian Signature

Date

(Please print)

Mother's Name _____

Address _____ City _____ Zip _____

Landline (____) _____ Cell (____) _____ Work (____) _____

E-mail Address for tuition correspondence _____

I have read the above Tuition & Registration Policies form and agree to all the above terms. Sign below, retain a copy for your records and return the signed copy upon registration.

Mother/Guardian Signature

Date



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Hello! We would like to take the time to introduce the Counseling Center, and all the ways we work to help meet the needs of both students and families. Each Counselor is responsible for a section of the alphabet to provide direct services of Academic, College and Career support through yearly meetings. Additional roles implemented school wide include:

College & Career Planning:

St. Mary's High School is a College Preparatory Program. The College & Career planning curriculum will guide students through a program that builds upon academic success, college planning, and career exploration. Yearly individual meetings with each student will track their academic progress and College & Career planning. Classroom guidance lessons will also occur within each year to touch upon milestones such as the PSAT, SAT, College Research, and the components of the College Application. Students will have the opportunity to meet with College Representatives here personally on campus, as well as planned college trips off campus. The College & Career Coordinator will work to ensure students are met with, both individually and in groups, to have the knowledge and skillset to transition confidently into their next steps after graduation.

Special Education:

Academically Rigorous, St. Mary's High School strives for the success and support of all our students. The Special Education Coordinator works directly with families to ensure documentation is updated, support is received, and staff is knowledgeable about qualifying students and their services.

Any student, whether in or out of the district, who wishes to continue CSE services through the Lancaster School District, MUST request services before the June 1st deadline. Any request after this date will not be considered for any formal services through Lancaster School District. Information regarding this process is included.

Mental Health:

With the growing need of Mental Health awareness and resources, St. Mary's works to establish a cohesive environment of support. A priority of our Mental Health program is to link families with established service providers in the area. This includes Therapists,, Psychologists, Psychiatrists, Specialists and Emergency Services. The Mental Health Coordinator works to identify these outside referrals and to provide students with academic support within the school setting. These meetings may include identifying points of growth within outside service providers, processing their academic success, and goal setting for the future. The Mental Health coordinator also works to implement a skill building program **for all St. Mary's Students**. This comes in the form of Classroom Guidance Lessons on Mental Health Resources, Skill Building and Self Management Techniques.

Counseling Team Students with Last Names from:

Ms. Megan Erway	A-F
Ms. Saima Horab	G-Mc
Mrs. Wendy Kimpel	Me-Z, Director
Mr. Keith Kidder	Counseling Center Assistant



St. Mary's High School

ACADEMIC ACCOMMODATION FORM

Student Name _____ School District _____

☐ *Yes, my child presently has/has had the following education plan in place:

☐ IEP—Individual Education Plan

☐ 504 Plan

☐ No, my child has never had an IEP or 504 Plan

We want to make sure that you have an understanding of the services and support St. Mary's High School will be able to provide. St. Mary's does not have a Special Education Department. Therefore, we are unable to provide all of the services outlined in your child's IEP/504 Plan.

Depending on your child's needs, some services may be available through Lancaster Central Schools. Additionally, St. Mary's may be able to provide the following accommodations:

- Preferential seating
- Separate location (*for midterm, final and Regents/Common Core exams only*)
- Extended time (*for midterm, final and Regents/Common Core exams only*)
- Reading of directions and/or tests (*for midterm, final and Regents/Common Core exams only*)
- Other accommodations as agreed to by the school/family if resources allow

*Please, make sure the pertinent information is forwarded to St. Mary's Counseling Department **upon registration**. No accommodation plan can be put into place without the proper paperwork on file.

Parent/Guardian Signature _____ Date _____



St. Mary's High School

AUTHORIZATION TO RELEASE STUDENT INFORMATION

Dear Registrar or Counselor:

Permission is hereby given to St. Mary's High School to request the release of records for the following data relative to the student listed below.

- Academic Transcripts
- Current grades to date—all subjects
- State Assessments
- Science Labs
- Attendance Record
- Discipline Record
- Medical History
- Physical/Immunization data
- Birth Certificate
- IEP/504
- Psychological Reports
- Speech/Language
- Other_____

Name and address of school from which student's records are requested:

Student Name _____ Current Grade Level _____

School Name _____ School Phone Number _____

School Street Address _____ School Fax Number _____

City _____ State _____ Zip _____

Parent Name _____ Parent Email _____

Parent Phone _____

Parent/Guardian's Signature _____

Date _____

The signature of this release form authorizes verbal and/or written communication between the parties as designated above.

Please send records to:

St. Mary's High School
Counseling Center
142 Laverack Avenue
Lancaster, NY 14086

Phone: 716-683-2349
Fax: 716-683-4958
Email: kkidder@smhlancers.org



LANCASTER CENTRAL SCHOOL DISTRICT

PARENT AUTHORIZATION FOR RELEASE OF INFORMATION

The Family Education Rights Privacy Act (FERPA) generally bars the release of educational records to third parties without the written consent of the parent. (FERPA *allows* schools to disclose records, without consent, to certain parties as set forth in the law as well as information that has been designated by the District as "directory" information).

DATE: _____

I hereby authorize the Lancaster School District to release educational records, including medical and psychological information to:

Name: _____

Address: _____

or receive information from:

Name: _____

Address: _____

Regarding:

Pupil's Name: _____

Birth Date: _____

This information will be considered confidential and will be used only by professional personnel.

I, _____, hereby give my consent and grant authorization to the Lancaster Central School District to release educational records specified above to the party or parties identified above.

Parent Signature

Date



St. Mary's High School

REGISTRATION FORM 2022-2023

Please print clearly and use full names.

STUDENT INFORMATION:

Grade Entering _____

Name _____ Date of Birth: ____ / ____ / ____

Student Cell Number _____ Sex: ☐ Male ☐ Female

ETHNICITY: ☐ American Indian/Alaska Native ☐ Black/African American
☐ Asian ☐ Hispanic/Latino
☐ White, non-Hispanic ☐ Multi-Racial, non-Hispanic origin
☐ Native Hawaiian/Other Pacific Islander

Student Address _____

City, State, Zip Code _____ County _____

Religion _____ Parish _____

School District _____ ☐ Please check if a Transfer Student

School Transferring from _____

Means of Transportation _____

Student lives with: ☐ Both parents ☐ Mother ☐ Father ☐ Other _____

PARENT/GUARDIAN INFO: Custodial/primary residence.

Name: _____ Name: _____

☐ Alumni Class of: _____ ☐ Alumni Class of: _____

Relationship: _____ Relationship: _____

E-mail: _____ E-mail: _____

Religion: _____ Religion: _____

Occupation: _____ Occupation: _____

Primary Phone #: _____ Primary Phone #: _____

Secondary Phone # _____ Secondary Phone # _____

PARENT INFO: Non-custodial/non-primary residence.

☐ Non-custodial parent is NOT legally allowed to receive information from the school.

Note: Documentation must be on file with Counseling Office.

Name: _____

Name: _____

☐ Alumni Class of: _____

☐ Alumni Class of: _____

Relationship: _____

Relationship: _____

E-mail: _____

E-mail: _____

Religion: _____

Religion: _____

Occupation: _____

Occupation: _____

Primary Phone #: _____

Primary Phone #: _____

Secondary Phone #: _____

Secondary Phone #: _____

Parents Divorced or Separated: ☐ Yes ☐ No Joint custody: ☐ Yes ☐ No

Note: A copy of court documents designating custodial parent is required if sole custody granted.

May the student be released to the non-custodial parent, stepparent or guardian? ☐ Yes ☐ No

Note: If you answered "no," a copy of court documentation is required.

If not the parent:

Are you the guardian of the student? ☐ Yes ☐ No *If yes, please provide court documents.*

If no, are you planning to file for guardianship? ☐ Yes ☐ No

Have both parents transferred PERMANENT custody and control of the student to you? ☐ Yes ☐ No

EMERGENCY CONTACT: To be used if primary contact is not available.

Name _____ Phone _____

Relationship _____

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

**St. Mary's High School does not discriminate on the basis of race, religion, sex, disability, color, national and ethnic origin, age, or any other basis, in accordance with the law.*



St. Mary's High School

CONSENT TO RELEASE NAMES, PHOTOGRAPHS, VIDEO FOOTAGE AND/OR BIOGRAPHICAL INFORMATION

Student Name: _____

Class Year _____

I give St. Mary's High School permission to use and publish the following (please initial next to those items you give us permission to use):

1. Student's name _____
2. Photographic pictures of me/my son/daughter _____
3. Video of me/my son/daughter _____
4. Biographical information of me/my son/daughter _____

All of the above will be used primarily to tell interested people about the mission and programs of St. Mary's High School. They may also be used in fundraising appeals mailed to donors and potential donors on a regular basis, or for any other lawful purposes.

I understand this consent will remain in effect until I state in writing that I would like it to be withdrawn or changed.

I sign this consent understanding its purpose.

Date: _____

Student: _____

Parent/Guardian: _____



St. Mary's High School

TEXTBOOK REQUEST FORM

PLEASE PRINT

Grade Level as of September: _____

STUDENT'S NAME

(Last)

(First)

STUDENT'S PHYSICAL ADDRESS (Cannot be a PO Box)

Phone: _____

Date of Birth: _____

Residing in Public School District _____

PARENT OR GUARDIAN'S NAME:

(Last)

(First)

PARENT'S ADDRESS

Phone: _____

Relationship: _____

LOAN OF TEXTBOOKS

I hereby request the loan of textbooks in the name of _____
(Student)

I authorize ST. MARY'S HIGH SCHOOL to act on behalf of this student, identifying and ordering books for student's use. I understand that all books loaned to this student by

_____ are to be maintained in good condition and that said student

(Public School District)

must pay for the loss of or excessive damage to said books.

Signature of Parent/Guardian: _____

Date: _____

This form will be kept on file in the student's non-public school for the duration of enrollment.



St. Mary's High School Phone / E-Mail Alert

Dear Parent,

St. Mary's utilizes the telephone and e-mail broadcast system called SchoolMessenger. This system enables the school to notify all students and parents by phone of an emergency or unplanned event that causes early dismissal, school cancellation or late start. The service is also used to communicate via phone and/or e-mail general announcements, reminders, and other information important to the members of the St. Mary's community.

When used, the service will call all phone numbers in our contact lists and will deliver a recorded message from a school administrator. The service will deliver the message to both live answer and answering machines. No answers and busy signals will be automatically retried twice in fifteen-minute intervals after the initial call.

In an important effort to make the best and most accurate use of the SchoolMessenger Instant Parent Contact system, we are asking that you fill out the following Information Form with the necessary information. Because many students have their own phones and e-mail addresses, they may also be included in the Contact System.

Please consider these numbers carefully and make an effort to keep us informed as soon as possible if any number changes for any reason.

PLEASE NOTE: All information and contact numbers are strictly secure and confidential and are only used for the purposes described.

If you have any questions, please contact St. Mary's High School at 683-4824.

Family Name:	_____	Student #2 Name:	_____
Primary Number:	_____	Primary Number:	_____
Second Number:	_____	Second Number:	_____
Email Address:	_____	Email Address:	_____
Email Address:	_____	Email Address:	_____
Student #1 Name:	_____	Student #3 Name:	_____
Primary Number:	_____	Primary Number:	_____
Second Number:	_____	Second Number:	_____
Email Address:	_____	Email Address:	_____
Email Address:	_____	Email Address:	_____

Student contact information is optional - Thank you for your assistance with this program.

ST. MARY'S HIGH SCHOOL TECHNOLOGY USAGE POLICY

St. Mary's High School Network Purpose

The St. Mary's High School Network was established to support academic endeavors within the school by offering access to educational materials, career development resources, research information and for communication. Network access is limited to students, employees, and authorized guests. The St. Mary's High School Network was not established as a public access service or a public forum therefore, does not intend to create a First Amendment forum for the purpose of free expression. All technology use shall be consistent with the educational goals and objectives defined by St. Mary's High School. St. Mary's High School has the right to place reasonable restrictions on material accessed or posted through the system. St. Mary's reserves the right to monitor, inspect, copy, review, and store, at any time and without prior notice, any and all usage of the computer network and Internet access and all information transmitted or received in connection with such usage. All such information shall be the property of St. Mary's High School and no user shall have any expectation of privacy regarding such materials.

We expect students to act in an ethical and legal manner and remember that when utilizing the St. Mary's High School Network the student represents the school's mission and purpose. All students must take responsibility for appropriate and lawful use of this resource.

Agreement

Students and their parents implicitly agree to all facets of the Responsible Usage Policy by their enrollment at the school. The student understands and agrees to the following responsibilities and privileges:

Student Computer / Internet Access

1. Students will have access to Internet resources through the student wireless network and the computer labs.
2. Students will have access to those networked applications purchased and installed by the school and will abide by their licensing guidelines.
3. **It should be understood that all data sent over the St. Mary's School Network is the property of St. Mary's High School. St. Mary's High School reserves the right to examine all data stored or transmitted on its network.**

Personal Safety

1. All Students agree not to post personal contact information about him/herself or other people. Personal contact information includes home address, telephone number, school address, work address, **parents' names or other** information that someone may use to locate that student.
2. Students will not share their password with others.
3. Students will not agree to meet with someone they have encountered solely online.
4. Students will promptly disclose to their teacher or administrator any message they receive that is inappropriate or that makes them uncomfortable.

Inappropriate Behavior and Language

1. Restrictions against inappropriate language apply to public messages, private messages and material posted on web pages or social networking sites.
2. Students will not use obscene, profane, lewd, vulgar, sexually explicit, rude, inflammatory, threatening, or disrespectful language.
3. Students will not post information that could prove damaging or disruptive.
4. Students will not engage in personal attacks, including prejudicial or discriminatory language.
5. Students will not make comments that could be misconstrued, as electronic text allows no context clues to convey shades of irony, sarcasm, or harmless humor.
6. Impersonation, pseudonyms, **and anonymity are not acceptable on the St. Mary's High School Network.**
7. **Students will not harass or bully another person. Students are to abide by the St. Mary's High School Anti-harassment Policy as stated in the Student Handbook.**
8. Students will neither knowingly or recklessly post false or defamatory information about an individual or organization.
9. Students will not access or attempt to access material that is profane, sexually explicit or obscene (pornography) that advocates illegal acts or that advocates violence or discrimination (hate speech) toward other people.
10. If a student mistakenly accesses inappropriate information, he or she should immediately tell the teacher or administrator in charge of the location. This will protect against a claim that they have intentionally violated this policy.
11. Students will not attempt any activity that could be damaging or wasteful to electronic resources either inside or **outside the St. Mary's High School Network.**

Illegal Activities

1. Students will not attempt to gain unauthorized access or exceed their authorized access, which includes attempting to log in **through another person's account or accessing another person's files.**
2. Students will not make deliberate attempts to disrupt the school network or destroy data by spreading computer viruses or through any other action.
3. **Students will not use St. Mary's High School computers, the St. Mary's High School Network or Chromebooks to engage** in any illegal act.
4. Students will not sign in to the Chromebook using the ID of another with the intention of stealing the apps, music, videos, or books that have been purchased using their credentials.
5. Students will not engage in activity that can be considered hacking or attacking by denial of service or any other means; **this is against not only St. Mary's High School's policy but also a violation of federal law.**

System Security

1. Students are accountable for their individual account and should take all responsible precautions to prevent others from being able to use the account. Under no conditions should a student provide his/her password to **another student or use another student's account.**
2. Students will immediately notify a teacher or administrator if they have identified a possible security problem or **exploit in the St. Mary's High School network.**
3. Network administrators may review files and communications to maintain system integrity.
4. **Non-Chromebook devices will not be connected to the St. Mary's High School network** unless a clear academic need is presented. A form must be obtained and submitted to Mrs. Junik.
5. **Any Chromebook must be enrolled in St. Mary's Network at all times. Failure to be enrolled will be referred to the Dean's office for disciplinary action. Use of proxy servers on the St. Mary's High School network is strictly prohibited.** This includes the installation of VPN apps on any computer or Chromebook.

Respecting Resource Limits

1. **Students will utilize the St. Mary's High School Network solely for educational and career development, to** research information or for the purposes of communication.
2. Students will not print paper copies of digital resources unless explicitly instructed to do so by a teacher.
3. Students will not exceed established network storage space, time or other allocations.
4. Activities that users will NOT engage in (without permission) include but are not limited to;
 - a. Downloading games, music, recreational pictures, etc. on school owned lab machines or loaner Chromebooks
 - b. Sending bulk or mass emails
 - c. Game playing on school computers
 - d. Posting or perusing personal ads
 - e. Using access for commercial purposes: buying, bidding or selling over the Internet
 - f. **Using the St. Mary's High School name or logo unless authorized by the Head of the School**
 - g. **This includes but is not limited to, the creation of St. Mary's High School social media accounts**
 - h. Making use of access for any purpose that is inconsistent with school policies, guidelines or codes of conduct
 - i. Non-educational game playing during class periods

Web Sites

1. Students will not include any reference to students, faculty, staff or administrators, including names or pictures without the expressed written consent of the individual.
2. If a personal or class web page is created for an assignment, a notice must be included to inform the public that **the opinions expressed on the page are those of the creator(s) of the web page, not St. Mary's High School. A** statement on the page must also acknowledge the author(s) of the page.

Chromebooks

Chromebooks are assigned **to individual students in the same manner as textbooks and remain the property of St. Mary's High School until graduation.** Upon graduation, if all obligations are satisfied, the assigned Chromebook will be gifted to the student. Use of individual Chromebooks gives students a 1 to 1 learning environment and provides the opportunity to enhance each student's **overall learning experience. Utilizing the Chromebooks at St. Mary's High School gives students** the access to learn anywhere, anytime – both in school and off campus. This 1 to 1 personalized learning also narrows **the digital divide between students and promotes responsible use of today's ever-changing technologies.**

All Chromebooks are **subject to the same responsible use guidelines as all other St. Mary's High School electronic devices.** All files, documents and books installed on a student's Chromebook by St. Mary's High School remain the property of the school. We reserve the right to **confiscate and search a student's Chromebook to ensure compliance with the Responsible Use Policy.**

Student Responsibilities

1. Never drop the Chromebook or place heavy objects (books, laptops, etc.) on top of the Chromebook.
2. In the event that a Chromebook is damaged, the user must report it immediately to Mr. Junik. Failure to do so may result in the user being responsible for a full replacement charge.
3. **Only a soft cloth or approved laptop screen cleaning solution is to be used to clean the Chromebook's screen.**
4. Do not subject the Chromebook to extreme heat or cold. Do not store in vehicles.
5. The Chromebook is required to be at school every day, fully charged. Students who fail to bring a completely charged Chromebook to school will be considered unprepared. Loaner Chromebooks are not available to unprepared students.
6. If a Chromebook is left at home or is not charge, the student remains responsible for completing all coursework as if he had use of his Chromebook. Repeat offenses will be referred to the Dean of Students.
7. Loaner Chromebooks will be available to students when necessary through approval of Mr. Junik.
 - a. Chromebooks can be loaned until a solution is found.
 - b. Chromebooks kept beyond the agreed upon due date will be assessed a \$500.00 fee.
8. Malfunctions or technical issues are not acceptable excuses for failing to complete an assignment. Chromebooks will be available for sign out during normal hours should yours become unusable.
9. Backing up your work is very important. Doing so will safeguard all files, documents and applications. Items deleted from the Chromebook cannot be restored, so back up must be done regularly.
10. **Preloaded apps and apps required for a student's current class may not be deleted and must be updated periodically.**
11. Memory space is limited. Academic content takes precedence over personal files and apps. In the case of **memory space conflict, personal files/apps must be removed at the student's expense.**
12. Non-educational content is for personal use only and should not be shared in any manner, audio or visual, with other students.
13. The volume is to remain on mute unless headphones are attached and/or permission is obtained from the teacher
14. Students may not use the recording capabilities, audio or video, of the Chromebook to record individuals or class **lectures without all parties' express written consent.**
15. Using tethering or the cellular capability of the Chromebook to circumvent the systems in place is prohibited.
16. The whereabouts of the Chromebook should be known at all times. It is the student's **responsibility to keep his or her Chromebook safe and secure.**
17. Chromebooks belonging to other students are not to be tampered with in any manner
18. If a Chromebook is found unattended, it should be given to the nearest faculty/staff member.

Lost, Damaged or Stolen Chromebook

1. If the Chromebook is damaged, you must report it immediately. If damage is not reported and remedied immediately, or the damage is so severe that it cannot be repaired, the student and family will be charged the full replacement cost of the Chromebook.
2. **St. Mary's High School is the sole arbiter of whether a Chromebook has been damaged due to accident or abuse. In cases of abuse, the student's family will be liable for the full replacement cost of the Chromebook.**
 - a. Some Examples of Abuse;
 - i. Using a Chromebook that has visible damage to the screen
 - ii. Gross physical damage to the charging port of a Chromebook by the insertion of anything except an approved charging or data cable
 - iii. Any attempt to repair a broken Chromebook by the student or any person or organization outside of St. Mary's High School
3. If the Chromebook is lost or you suspect it has been stolen, please report this to Mr. Junik immediately.
4. If you require the serial number, password information, email changes or other sensitive information about your account, you must come to Mr. Junik.
5. The student is responsible for the cost of replacing a Chromebook that is lost, stolen or damaged.

Consequences and Due Process

The student's use of the network and Internet is a privilege, not a right. Violations of the St. Mary's High School Responsible Usage Policy will be referred to the Dean of Student's office. Consequences for violations of this policy will be left to the discretion of the Dean of Students. Upon request, parents may view any materials or printouts related to the violation, **although the Dean's office reserves the right to send material home without the request of the parents as well.** The purpose of parental review is intended to be a tool to inform parents and to assist them in the guidance of their children, not as an appeal process. Violators of the Responsible Usage Policy are liable for suspension or mandatory withdrawal.

Confidentiality and Expectation of Privacy

St. Mary's High School will make every reasonable attempt to respect the privacy of the users of its property in the form of the St. Mary's High School Network and any attached devices and/or systems; however, if an employee witnesses a computing abuse, notices an unusual degradation of service or other aberrant behavior on the system, network, or server for which the school is responsible; or receives a complaint of computing abuse or degradation of service, the school will **investigate and take steps to maintain the integrity of the system(s).** If the school has evidence that finds a user's computing activity as the probable source of a problem or abuse under investigation, the school must weigh the potential danger to the system and its users against the confidentiality of that user's information, for investigative purposes.

A user may not intercept transmitted information on the network. This violation is a serious invasion of another user's privacy. Users should also be aware that unauthorized users of the system, or authorized users suspected of violating system integrity, are not afforded this same protection from invasion of their privacy. This means that the school can and will examine transmissions under these circumstances to maintain the integrity and security of any school owned systems.

Limitation of Liability

St. Mary's High School makes no guarantee that the functions or the services provided by or through the network will be error-free or without defect. Though access to inappropriate material via the St. Mary's High School network is actively discouraged, it is impossible to filter the Internet completely. Therefore, **St. Mary's High School will not be held responsible for a student's misuse of access privileges or exposure to inappropriate material.** The school will not be responsible for financial obligations arising through unauthorized use of the network. The parents of the student can be held financially responsible for any harm to the network as a result of intentional misuse or negligence.

This document is subject to change. It is the student's responsibility to remain aware of the regulations contained herein.

This policy is available in its most current form on the school's website.

Return this page at your Chromebook pickup day.

Each student must read and sign below:

I have read, understood, and will agree to abide by the terms of the Responsible Usage Policy. I agree that in keeping with the spirit and philosophy of St. **Mary's High School, it is ultimately my responsibility to make good** choices when I use the Chromebook and computer network. Should I commit any violation or in any way misuse my access to the St. **Mary's High School Network and the Internet, I understand and agree that any** access privilege may be revoked and disciplinary action may be taken against me.

Student name (Please print clearly)

Student Signature

Date

Parent or Guardian Network Usage Agreement (to be read and signed by parents or guardians):

As the parent or legal guardian of the above signed student, I have read, understood and agree that my child or ward shall comply with the terms of St. **Mary's High School Responsible Usage Policy. I understand that** access is being provided to the students for educational purposes only. I understand that if my student owns a cellular capable Chromebook or uses tethering, he or she could circumvent content filters or other systems designed to control the access to content deemed inappropriate put in place by St. **Mary's High School. I also** understand that it is impossible for the school to restrict access to all offensive and controversial materials and **understand my child's responsibility for abiding by all policies. I am signing this policy and agree to** indemnify and hold harmless St. **Mary's High School against all claims, damages, losses and costs, of whatever kind, that** **may result from my child's use of his or her access to such networks or his or her violation of this policy. In** the case of a lost, stolen or damaged Chromebook, I accept responsibility for any deductibles, repair or replacement cost.

I hereby give permission for my child to use the Chromebook and the building approved account access the computer network and the Internet.

Parent name (Please print clearly)

Parent Signature

Date

HEALTH AND EMERGENCY UPDATE FORM

Student's Last Name _____	Grade _____	First _____
Address _____	City _____	Zip _____
Home Phone _____	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Birth Date _____	Birth Place _____	
Mother's Name _____	Father's Name _____	
Occupation _____	Occupation _____	
Hours & Days of Work _____	Hours & Days of Work _____	
Primary Phone # _____	Primary Phone # _____	
Email _____	Email _____	

If parents are separated or divorced, custody belongs to?

If Parent/Guardian not available, in case of emergency call: **Please list in order in which you would like contacted**

1. Name _____	Phone _____
Relation _____	Alt Phone _____
2. Name _____	Phone _____
Relation _____	Alt Phone _____
3. Name _____	Phone _____
Relation _____	Alt Phone _____

HEALTH HISTORY

Does your child have a MEDICAL CONDITION that may/will require supervision or restrict activity? If yes, please explain: _____

Please note if any of the following conditions pertain to your child:

- | | | |
|--|---|--|
| <input type="checkbox"/> Anemia or Bleeding Disorder | <input type="checkbox"/> Pneumonia | <input type="checkbox"/> Kidney Conditions |
| <input type="checkbox"/> Asthma / Reactive Airway | <input type="checkbox"/> Neurological Condition | <input type="checkbox"/> Mononucleosis |
| <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Chronic Respiratory Problem |
| <input type="checkbox"/> Seizure Disorder | <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Surgery/Injury/Fractures** |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hearing/Ear Conditions | <input type="checkbox"/> Migraines/headaches |
| <input type="checkbox"/> Other | | |

Allergies: ☐ Food ☐ Insect sting ☐ Nut Allergy ☐ Medication ☐ Other _____

Details: **Please list dates also _____

List any medication your child takes regularly _____

***Please keep in mind that a doctor's order for all medication taken in school, including over the counter medication, must be on file in the Health Office.*

Name of Doctor _____ Phone _____

I verify that the above information is true and correct and will notify the school if any of the above information changes.

I understand that this information may be shared with personnel involved with my child.

Parent/Guardian Signature _____ Date _____

Please return to the school nurse with your student's Registration materials.



St. Mary's High School

AUTHORIZATION FOR USE OR DISCLOSURE OF HEALTH INFORMATION

Student Name _____ Birthdate _____

Physician _____ Phone _____

Address _____ Fax _____

Physician _____ Phone _____

Address _____ Fax _____

Health Care Provider _____ Phone _____

Address _____ Fax _____

I hereby authorize my child's physician(s) listed above, as well as any specialist that my child may receive care, to exchange the following information with St. Mary's High School faculty and staff, including the School Nurse, Guidance Counselor, Admissions Department, and Administration:

- Immunizations/physical exams to comply with NYS regulations
- Medical clearances as needed following an injury or change in condition
- Medical orders required for therapy needs; evaluations
- Psychological evaluations/reports
- Authorization for medications during the school day and/or on school trips
- Medical conditions/ treatment plans that may have an impact in the school environment

This information will be used to provide a safe and healthful environment and develop an appropriate program for this student at school. Enrollment is not contingent upon obtaining this release; however, in order to plan the most appropriate program for this student, the information may be required. Specific immunizations per NYS regulations ARE required for enrollment. This release expires on the last day of the enrollment of the above student in school and may be revoked at any time by sending a written request to cancel to St. Mary's High School, 142 Laverack Avenue, Lancaster, NY 14086. Such revocation will not affect any disclosure made prior to its receipt. Protected health information will not be disclosed without consent per FERPA regulations. A copy of this release will be provided to me upon request and will be sent to the appropriate provider when requests are made.

(Signature of Parent/Guardian or Student if over 18 years old) **

(Date)

****If a student is under 18 years of age, parent or legal guardian must sign consent form.**

If other representative is signing, this representative must have authority to act on student's behalf.

This form complies with all HIPAA regulations.



St. Mary's High School

PHYSICAL REQUIREMENTS FOR ALL FRESHMAN, JUNIORS, INCOMING NEW STUDENTS & FALL ATHLETES 2022-2023

Required NYS School Health Examination (Physical)

New York State Law requires that all 9th graders, 11th graders, and Incoming New Students have a physical health examination. A health examination that was completed anytime on or after September 1, 2021 would fulfill the physical requirement for the 2022-2023 school year. Please submit a copy of your child's physical health examination to the the school nurse as soon as it is complete.

Health Examinations Required Yearly for Interscholastic Sports

New York State Law also requires a physical health examination annually for EVERY student that will be participating in an interscholastic (school) sport. Student Athletes must have a current physical on file in the Health Office for each sport, each season, and each year they would like to participate. Physicals for a school sport must be received **PRIOR** to the first day of tryouts for that sport, **no exceptions**. Physicals are valid for one year and through the end of the month when it was last performed. For example: If tryouts for a Fall sport start on August 22, 2022, a physical completed anytime after August 1, 2021 would be considered valid and would allow the athlete to attend tryouts for that particular season. Of course, a new physical would be required as soon as possible following that expiration date. **Please submit a copy of your child's physical health examination to the school nurse as soon as it is completed.**

Signing Up for a Fall Sport

Fall sport sign ups will take place in May. Students will receive an email with a link to sign up for a Fall Sport. This email will also include an attached Interval Health History Form. New York State requires an Interval Health History Form completed before the start of each sport season. **The Interval Health History Form cannot be completed or submitted before August 1, 2022.**

- If a copy of your child's current physical was already submitted to the Health Office, there is no need to supply an additional copy.
- If you are unable to have your child evaluated by their private physician, a physical is offered at no charge by one of the Lancaster School District Providers on Wednesday, June 1, 2022 at Lancaster High School at 2:45pm in their Health Office. You must sign up for a school physical in order to attend. Please contact Mrs. Hangen, the school nurse at St. Mary's High School, thangen@smhlancers.org or 716-683-4824, ext. 321, to sign up for a school physical on June 1, 2022.
- The Physical Health Examination Form and Interval Health History Form are available on the school's website, www.smhlancers.org, under the "Lancer Info" tab, in the list of Health Forms. Copies of both forms are also available for you to pick up in the Main Office.
- Please keep in mind that the nurse's office is closed during the summer months with the exception of a select few days prior to the start of the Fall Sports Season.

REQUIRED NYS SCHOOL HEALTH EXAMINATION FORM TO BE COMPLETED BY PRIVATE HEALTH CARE PROVIDER OR SCHOOL MEDICAL DIRECTOR IF AN AREA IS NOT ASSESSED INDICATE NOT DONE

Note: NYSED requires a physical exam for new entrants and students in Grades Pre-K or K, 1, 3, 5, 7, 9 & 11; annually for interscholastic sports; and working papers as needed; or as required by the Committee on Special Education (CSE) or Committee on Pre-School Special education (CPSE).

STUDENT INFORMATION

Name	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	DOB:
School:	Grade:	Exam Date:

HEALTH HISTORY

Allergies <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type	Type: <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Anaphylaxis Care Plan Attached
Asthma <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type	<input type="checkbox"/> Intermittent <input type="checkbox"/> Persistent <input type="checkbox"/> Other : <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Asthma Care Plan Attached
Seizures <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type	Type: Date of last seizure: <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Seizure Care Plan Attached
Diabetes <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type	Type: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Diabetes Medical Mgmt. Plan Attached

Risk Factors for Diabetes or Pre-Diabetes: Consider screening for T2DM if BMI% > 85% and has 2 or more risk factors: Family Hx T2DM, Ethnicity, Sx Insulin Resistance, Gestational Hx of Mother, and/or pre-diabetes.

BMI _____ kg/m2

Percentile (Weight Status Category): ☐ <5th ☐ 5th-49th ☐ 50th-84th ☐ 85th-94th ☐ 95th-98th ☐ 99th and >

Hyperlipidemia: ☐ No ☐ Yes ☐ Not Done **Hypertension:** ☐ No ☐ Yes ☐ Not Done

PHYSICAL EXAMINATION/ASSESSMENT

Height:	Weight:	BP:	Pulse:	Respirations:
Laboratory Testing	Positive	Negative	Date	List Other Pertinent Medical Concerns (e.g. concussion, mental health, one functioning organ)
TB- PRN	<input type="checkbox"/>	<input type="checkbox"/>		
Sickle Cell Screen-PRN	<input type="checkbox"/>	<input type="checkbox"/>		
Lead Level Required Grades Pre- K & K		Date		
<input type="checkbox"/> Test Done <input type="checkbox"/> Lead Elevated ≥ 5 $\mu\text{g/dL}$				
<input type="checkbox"/> System Review and Abnormal Findings Listed Below				
<input type="checkbox"/> HEENT	<input type="checkbox"/> Lymph nodes	<input type="checkbox"/> Abdomen	<input type="checkbox"/> Extremities	<input type="checkbox"/> Speech
<input type="checkbox"/> Dental	<input type="checkbox"/> Cardiovascular	<input type="checkbox"/> Back/Spine	<input type="checkbox"/> Skin	<input type="checkbox"/> Social Emotional
<input type="checkbox"/> Neck	<input type="checkbox"/> Lungs	<input type="checkbox"/> Genitourinary	<input type="checkbox"/> Neurological	<input type="checkbox"/> Musculoskeletal

☐ Assessment/Abnormalities Noted/Recommendations:

Diagnoses/Problems (list)
Code*

ICD-10

☐ Additional Information Attached

*Required only for students with an IEP receiving Medicaid

Name:				DOB:	
SCREENINGS					
Vision (w/correction if prescribed)		Right	Left	Referral	Not Done
Distance Acuity		20/	20/	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
Near Vision Acuity		20/	20/		<input type="checkbox"/>
Color Perception Screening <input type="checkbox"/> Pass <input type="checkbox"/> Fail					<input type="checkbox"/>
Notes					
Hearing Passing indicates student can hear 20dB at all frequencies: 500, 1000, 2000, 3000, 4000 Hz; for grades 7 & 11 also test at 6000 & 8000 Hz.					Not Done
Pure Tone Screening	Right <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Left <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Referral <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>
Notes					
Scoliosis Screen Boys in grade 9, and Girls in grades 5 & 7		Negative	Positive	Referral	Not Done
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
RECOMMENDATIONS FOR PARTICIPATION IN PHYSICAL EDUCATION/SPORTS/PLAYGROUND/WORK					
<input type="checkbox"/> Student may participate in all activities without restrictions. <input type="checkbox"/> Student is restricted from participation in: <input type="checkbox"/> Contact Sports: Basketball, Competitive Cheerleading, Diving, Downhill Skiing, Field Hockey, Football, Gymnastics, Ice Hockey, Lacrosse, Soccer, and Wrestling. <input type="checkbox"/> Limited Contact Sports: Baseball, Fencing, Softball, and Volleyball. <input type="checkbox"/> Non-Contact Sports: Archery, Badminton, Bowling, Cross-Country, Golf, Riflery, Swimming, Tennis, and Track & Field. <input type="checkbox"/> Other Restrictions:					
Developmental Stage for Athletic Placement Process <u>ONLY</u> required for students in Grades 7 & 8 who wish to play at the high school interscholastic sports level OR Grades 9-12 who wish to play at the modified interscholastic sports level. Tanner Stage: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V Age of First Menses (if applicable) : _____					
<input type="checkbox"/> Other Accommodations*: (e.g. Brace, orthotics, insulin pump, prosthetic, sports goggle, etc.) Use additional space below to explain. *Check with athletic governing body if prior approval/form completion required for use of device at athletic competitions.					
MEDICATIONS					
<input type="checkbox"/> Order Form for Medication(s) Needed at School Attached					
IMMUNIZATIONS					
<input type="checkbox"/> Record Attached <input type="checkbox"/> Reported in NYSIIS					
HEALTH CARE PROVIDER					
Medical Provider Signature:					
Provider Name: <i>(please print)</i>					
Provider Address:					
Phone: Fax:					
Please Return This Form To Your Child's School When Completed.					



St. Mary's High School

ADMINISTRATION OF MEDICATION IN SCHOOL

The State of New York requires that the school nurse follow the procedures listed below:

- All medication, including *non-prescription drugs such as Tylenol, Motrin, etc.*, given in school *must be prescribed by a licensed medical doctor.*
- This includes all “self-carry” medication.
- A written request from the physician must be on file. This request must indicate the dosage and frequency of the prescribed drug.
- A written request from the parent/guardian to administer medication must be on file.
- The parent must assume responsibility to have the medication delivered to the Health Office in a *properly labeled original container.*

PLEASE DO NOT SEND ANY TYPE OF MEDICATION TO SCHOOL WITH YOUR CHILD UNLESS YOU FOLLOW THE PROPER PROCEDURE

(Medication administration forms may be obtained from the Health Office or the school website under the Health Forms section.)

Dental Health Certificate- Optional

Parent/Guardian: New York State law (Chapter 281) permits schools to request an oral health assessment at the same time a health examination is required. Your child may have a dental check-up during this school year to assess his/her fitness to attend school. Please complete Section 1 and take the form to your registered dentist or registered dental hygienist for an assessment. If your child had a dental check-up before he/she started the school, ask your dentist/dental hygienist to fill out Section 2. Return the completed form to the school's medical director or school nurse as soon as possible.

Section 1. To be completed by Parent or Guardian (Please Print)

Child's Name:			Last	First	Middle
Birth Date:	/	/	Sex: <input type="checkbox"/> Male	Will this be your child's first oral health assessment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Month	Day	Year	<input type="checkbox"/> Female	
School: Name				Grade	

Have you noticed any problem in the mouth that interferes with your child's ability to chew, speak or focus on school activities? ☐ Yes ☐ No

I understand that by signing this form I am consenting for the child named above to receive a basic oral health assessment. I understand this assessment is only a limited means of evaluation to assess the student's dental health, and I would need to secure the services of a dentist in order for my child to receive a complete dental examination with x-rays if necessary to maintain good oral health.

I also understand that receiving this preliminary oral health assessment does not establish any new, ongoing or continuing doctor-patient relationship. Further, I will not hold the dentist or those performing this assessment responsible for the consequences or results should I choose NOT to follow the recommendations listed below.

Parent's Signature

Date

Section 2. To be completed by the Dentist/ Dental Hygienist

I. The dental health condition of _____ on _____ (date of assessment) The date of the assessment needs to be within 12 months of the start of the school year in which it is requested. Check one:

☐ Yes, The student listed above is in fit condition of dental health to permit his/her attendance at the public schools.

☐ No, The student listed above is not in fit condition of dental health to permit his/her attendance at the public schools.

NOTE: Not in fit condition of dental health means, that a condition exists that interferes with a student's ability to chew, speak or focus on school activities including pain, swelling or infection related to clinical evidence of open cavities. The designation of not in fit condition of dental health to permit attendance at the public school does not preclude the student from attending school.

Dentist's/ Dental Hygienist's name and address

(please print or stamp)

Dentist's/Dental Hygienist's Signature

Optional Sections - If you agree to release this information to your child's school, please initial here.

--

II. Oral Health Status (check all that apply).

☐ Yes ☐ No **Caries Experience/Restoration History** – Has the child ever had a cavity (treated or untreated)? [A filling (temporary/permanent) OR a tooth that is missing because it was extracted as a result of caries OR an open cavity].

☐ Yes ☐ No **Untreated Caries** – Does this child have an open cavity? [At least ½ mm of tooth structure loss at the enamel surface. Brown to dark-brown coloration of the walls of the lesion. These criteria apply to pits and fissure cavitated lesions as well as those on smooth tooth surfaces. If retained root, assume that the whole tooth was destroyed by caries. Broken or chipped teeth, plus teeth with temporary fillings, are considered sound unless a cavitated lesion is also present].

☐ Yes ☐ No **Dental Sealants Present**

Other problems (Specify): _____

II. Treatment Needs (check all that apply)

☐ No obvious problem. Routine dental care is recommended. Visit your dentist regularly.

☐ May need dental care. Please schedule an appointment with your dentist as soon as possible for an evaluation.

☐ Immediate dental care is required. Please schedule an appointment immediately with your dentist to avoid problems.



St. Mary's High School

DRESS CODE GUIDELINES

The purpose of the Dress Code is to teach self-discipline associated with personal hygiene and grooming and to encourage students to take pride in a personal appearance that would be acceptable in most modern business environments. The following dress code is in effect from the beginning of homeroom until dismissal. Homeroom teachers will check dress code every morning and will immediately send anyone with questionable attire to the Discipline Office. Students are expected to be dressed in clean, properly-sized clothes that are well maintained. No students will be allowed to attend class out of dress code which includes their haircut / style / color. This dress code is also in effect during January and June exams, unless otherwise stated.

Ladies Uniform Approved Clothing Includes:

- Skorts (St. Mary's plaid, blue or tan) that should be no shorter than mid-thigh
- Dress pants (khaki, navy blue, or gray)
- Official St. Mary's High School Polo
- Oxford buttoned, collared blouse (any color, but blue or white only on liturgy days)
- Quarter-zips from the St. Mary's Bookstore with the official St. Mary's logo
- Dress shoes, slip-on canvas shoes (i.e. Sperry's or the like in white, gray, or navy blue), or other dress canvas shoes with laces
- Socks must be worn at all times with appropriate shoes
- Questionable hairstyles and colors, along with visible piercings, will be evaluated on a case-by-case basis
- All shirts should be fully tucked in.
- Sweatpants may be worn to and from school especially during cold weather. Outerwear including hats, may not be worn during school hours. This includes coats, jackets, hoodies, windbreakers, ski vests and mittens.
- Visible tattoos are NOT PERMITTED in school.
- Any article of clothing, jewelry, or accessory that promotes drinking alcohol, drugs, tobacco, or a lifestyle contrary to the gospel values is inappropriate for school.
- Cropped tops, strapless tops, or revealing tops are not permitted.
- Students should avoid clothing that is too short, too tight, and too revealing or is badly in need of repair.
- Proper dress code also applies for school-sponsored functions.

Gentlemens Uniform Approved Clothing Includes:

- Dress pants (khaki, navy blue, or gray)
- Official St. Mary's High School Polo
- Oxford buttoned, collared shirt (any color or pattern) with a tie (bow-tie or regular are allowed)
- Navy blue sports coat
- Quarter-zips from the St. Mary's Bookstore with the official St. Mary's logo
- Dress shoes, slip-on canvas shoes (i.e. boat shoes in white, gray, or navy blue), or other dress canvas shoes with laces
- Socks must be worn at all times with appropriate shoes
- All shirts should be fully tucked in.
- Sweatpants may be worn to and from school especially during cold weather. Outerwear including hats, may not be worn during school hours. This includes coats, jackets, hoodies, windbreakers, ski vests and mittens.
- Bizarre or deemed too long hair style, shaved or partially shaved heads, are inappropriate for school.
- Ornaments worn in any part of the body that is pierced and visible, including the tongue, are PROHIBITED. If a student refuses to remove the ornament, further disciplinary action will be taken.
- Visible tattoos are NOT PERMITTED in school.
- Any article of clothing, jewelry, or accessory that promotes drinking alcohol, drugs, tobacco, or a lifestyle contrary to the gospel values is inappropriate for school.
- Proper dress code also applies for school-sponsored functions.



St. Mary's High School

CALCULATOR INFORMATION

ATTENTION FRESHMEN PARENTS

All freshmen are required to have a

TI-84 Plus or a TI-84 Plus C

calculator for Math class at St. Mary's.

The school does NOT order these calculators. Each student is expected to have purchased one prior to the first day of school.



STUDENTS ARE NOT ALLOWED TO SHARE CALCULATORS

PLAN AHEAD!

They typically go on sale in July.

If you wait until September to purchase a calculator, stores may sell out of them!

School uniform Skorts, Knit shirts, pants and sweaters can be ordered through McKays.

<https://www.mckaysclothing.com/school-uniforms>

St. Mary's High School publishes an online bookstore multiple times throughout the year. Watch you email for details.