

York Catholic High School

601 E. Springettsbury Avenue, York, PA 17403
717.846.8871 ✦ www.yorkcatholic.org

Dear Parents/Guardians,

It is important for us at York Catholic to have the most current contact information on record for your child. Please take a few minutes to review the attached document and verify that the information is correct. At the bottom of the "Biographical Student Record Listing" we will require a parent signature and date indicating that you have reviewed and verified the information.

Please pay particular attention to Contact #1's information – current address, email address, and phone numbers.

Contact #2's information is only necessary if parents/guardians reside in different households. If that is the case, we need to ensure the following information is accurate – Does this contact have Custody, Guardianship, the need to receive mailings, and/or the right to pick up the student?

The last section is Contact #3 – This is your emergency contact. We will need at least one name and phone number for this section. Additional information is not required.

The final pieces we need regarding your student starting school are the parent work information on the reverse side of the verification sheet and the medical information on the bottom of this page. Please complete the "Biographical Student Record Listing" and this page and return both to York Catholic no later than **Thursday, August 31, 2017**.

Sincerely,

Katie Seufert
Principal

Medical Information

Student Name: _____

Grade: _____

Doctor Name: _____

Doctor Phone: _____

Is your child under doctor's care for any reason or are they on any medication? ____ Yes ____ No

If yes, please explain: _____

STUDENT / PARENT AGREEMENT

We have received and read the 2017-2018 York Catholic Student Handbook.

Your signature below indicates you have read and understood the following:

- **York Catholic Student Handbook.**
- **York Catholic Drug & Alcohol Policy.** I understand that my child's choices related to substance abuse both on and off campus are subject to review and possible disciplinary action at any time. Failure to return this agreement may warrant disciplinary action.
- **York Catholic Acceptable Use Policy.** Parents/guardians and students understand that by signing the student/parent contract they are agreeing to abide by the guidelines and rules set forth in the Acceptable Use Policy. They are allowing their children to access the York Catholic High School network which includes access to the internet. York Catholic High School provides network use for educational purposes and makes every effort to protect the students from any harmful or inappropriate material.

In addition to the York Catholic High School Acceptable Use Policy, you agree to the terms of service for Google Apps for Education, as stated in the Google Apps Acceptable Use Policy. Violations of these terms may result in termination of your account.

Student Name _____

Homeroom _____

Student Signature _____

Date _____

Parent Name _____

Parent Signature _____

Date _____

*Please carefully remove this page from this Handbook
and return it to York Catholic by
August 31, 2017.*



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August 2017

Dear Parents,

Our Lunchtime purchasing system for student lunches is connected directly to the MMS online parent portal accessible through the York Catholic website. Parents simply log in to the MMS parent portal, choose "View Cafeteria Account," click "Students," and follow the options to deposit money into their students' accounts. As parents, you will be able to view what your student is purchasing in the cafeteria. To ensure we are using this system to its potential, everyone is required to use their Lunchtime account log in to pay for his or her lunch meals. The following policies have been established regarding Lunchtime Accounts and Balances. We encourage parents to sign up for email notification when their Lunchtime account balances are getting low.

- Checks and/or cash are not accepted in the cafeteria for food purchases during lunch periods. Please submit checks (not cash) in an envelope and place in the Lunchtime box located in the cafeteria for the student's account to be credited. The minimum check amount is \$10. Funds may not be available for 24 hours.
- It is the student and parent's responsibility to monitor the Lunchtime account online for balance information and retain a positive balance at all times.
- If a student has a lunchtime balance at \$0.00 or below, they will only have the option to purchase a lunch consisting of a peanut butter and jelly sandwich, fruit, and drink (1% white milk, iced tea, or orange drink) for \$3.00.
- No refunds will be given during the school year. Seniors will be issued a refund on accounts with a balance of \$5 or more during the last two weeks of school. All other accounts will roll-over to the next school year.
- Report cards and MMS access will be held at the end of each quarter if Lunchtime balances are not current.

Lunchtime Cafeteria Program Guidelines Acknowledgement

Please sign below indicating that you have read and understand the Lunchtime Cafeteria Program Guidelines.

Parent Name (*print*)

Parent Signature

Date

Student Name (*print*)

Student Signature

Date



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August 1, 2017

Dear Parent/Guardian:

State legislation authorizes the loan of textbooks, instructional materials, and equipment by the Secretary of Education to Pennsylvania children enrolled in kindergarten through grade 12 in nonpublic and private schools. Our school is now in the process of requesting specific textbooks, materials and equipment to be loaned to your child(ren).

It is required, however, that a parent/guardian of each child attending the nonpublic or private school individually request a loan of textbooks, instructional materials and equipment. We are, therefore, enclosing the individual request form. Please sign the form, date it, and return it to the school by August 31.

Thank you for your continued assistance and cooperation.

Adrienne K. Seufert

Adrienne K.
Seufert
Principal

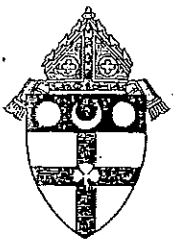
**CERTIFICATE OF INDIVIDUAL REQUEST
FOR LOAN OF TEXTBOOKS, INSTRUCTIONAL MATERIALS AND
EQUIPMENT
2017-2018**

I hereby request the loan of textbooks, instructional materials and equipment in accordance with the Pennsylvania School Code of 1949 for my child(ren) attending York Catholic High School.

Date: _____

Student's Name: _____

Parent or Guardian Signature: _____



DIOCESE OF HARRISBURG – SECRETARIAT FOR EDUCATION

4800 Union Deposit Road • Harrisburg • Pennsylvania 17111-3710
(717) 657-4804 • FAX (717) 657-3790 • www.hbgdiocese.org

CATHOLIC SCHOOL PARENTS MEMORANDUM OF UNDERSTANDING

As a parent/guardian of a student in a Catholic School I understand and affirm the following:

1. The primary purpose of a Catholic school education is to form students in the values of Jesus Christ and the teaching of the Catholic Church.
2. Catholic schools are distinctive religious education institutions operated as programs of the Catholic Church; they are not private schools but are administered and supported by the sponsoring parish(es), and the diocese.
3. Attending a Catholic school is a privilege, not a right.
4. While academic excellence and involvement in extracurricular activity (i.e., sports, clubs, etc.) are important, fidelity to the Catholic identity of the school is the fundamental priority.
5. The school and its administration have the responsibility to ensure that Catholic values and moral integrity permeate every facet of the school's life and activity.
6. In all questions involving faith, morals, faith teaching, and Church law, the final determination rests with the diocesan bishop.

As a parent/guardian desiring to enroll my child in a Catholic school, I accept this memorandum of understanding. I pledge support for the Catholic identity and mission of this school and by enrolling my child I commit myself to uphold all the principles and policies that govern a Catholic school.

Father: _____ Mother: _____
Printed Printed

Signature

Signature

(Guardian): _____
Printed

Signature

Student's Name _____

School: _____

Date: _____



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Dear Parents:

Please review the enclosed questions and simply indicate by a Yes or No if you meet the criteria. This information is very important to insure our continued participation in the Federal programs currently providing your children with a variety of materials and services. It is one of the few benefits they receive from your tax dollars, and we certainly do not want to lose it. Please return this form by August 31. All information will be kept in confidence.

Thank you for your assistance with this survey. Do not hesitate to contact us if you have any questions.

Sincerely,

Adrienne K. Seufert
Principal

Estimados Padres:

Favor de leer las preguntas adjuntas y simplemente indiquen con un "si" o un "no" si ustedes cumplen con el criterio adjunto. Esta información es muy importante para asegurar nuestra participación en los programas federales que actualmente están proveyendo a sus hijos con una variedad de materiales y servicios. Estos son unos de los pocos beneficios que ellos reciben con la contribución de sus impuestos y desde luego no desearíamos que ellos perdieran esta oportunidad. Favor de devolver este formulario lo más pronto posible. Toda la información quedará confidencial.

Gracias por su ayuda con esta encuesta. Si tiene alguna pregunta no se demore en llamarnos.

Atentamente,

Adrienne K. Seufert
EL DIRECTOR

FAMILY SURVEY

- A) Find your Household size (number of people residing in your home) and the corresponding yearly income level listed beside it on the chart **printed below**.
Note: If you are paid on a weekly or monthly basis, please multiply that amount into an annual figure for comparison based on the weeks or months you actually work each year.

FAMILY INCOME

Household Size	Yearly
1 *	\$22,311
2	30,044
3	37,777
4	45,510
5	53,243
6	60,976
7	68,709
8	76,442
Each Additional Member:	+ 7,733

* The number for household members could include a foster child, an emancipated youth, or a special education child over 18.

	<u>YES</u>	<u>NO</u>
Is your annual income, based on household size, <u>less</u> than the amount shown above?	_____	_____
Is your family eligible for food stamps?	_____	_____
B) Are you receiving assistance under the Temporary Assistance for Needy Families (TANF) (Public Assistance)?	_____	_____
C) Are any of your children eligible to receive medical assistance under the Medicaid program?	_____	_____
D) _____ Please check here if you do not wish to share this information in writing or have questions concerning this survey. Please write a phone number where you can be reached _____.		

Please Complete:

Name: (print) _____

Address: _____

Names & grades of children attending our school:

_____	_____
_____	_____
_____	_____

Public school district where you reside: _____

Public school your child/ren would attend: _____