

# ONLINE FORMS

Please click on the links below and complete these before Orientation on Aug. 7<sup>th</sup>. These forms are for all families, Preschool through 8<sup>th</sup> grade.

## Emergency Form

<https://docs.google.com/forms/d/1Q4DBPCo8Rn-4MvMCKMPgrZmUSHMUhYtKKqPC5Vr4HUs/edit>

## Volunteer Form

<https://docs.google.com/forms/d/1VAYSek1qYPkjqomZcBhRjw09DekxcE0kLdOpbvNCDfw/edit>



Family Name \_\_\_\_\_

St. Matthew Catholic School provides an updated Student and Family Handbook each school year to our families so that they can review, understand, and follow the expectations the school has for students, parents, and families.

This handbook is meant to be a guide with rules and policies for an efficient and smooth running of the school environment. The administration reserves the right to make decisions on a case-by-case basis as individual circumstances deem necessary.

Families are required to acknowledge they have reviewed and understand the Student and Family Handbook each year by reading and signing below. Families will receive the handbook electronically via email each year and/or it will be available on the school's website at <http://www.saintmatt.org/school/forms/>. If a family finds it difficult to access the Handbook via these means, they can contact the school office at (317) 251-3997 for a printed hard copy of the Handbook.

Student 1 Name \_\_\_\_\_ Date: \_\_\_\_\_

Student 2 Name \_\_\_\_\_ Date: \_\_\_\_\_

Student 3 Name \_\_\_\_\_ Date: \_\_\_\_\_

Student 4 Name \_\_\_\_\_ Date: \_\_\_\_\_

Student 5 Name \_\_\_\_\_ Date: \_\_\_\_\_

The following is required of all parent(s)/guardian(s) who wish to have their children attend St. Matthew Catholic School:

*We have read and understand the 2023-2024 Student and Family Handbook for St. Matthew Catholic School. We acknowledge our understanding of the rules and policies set forth in this document and agree to abide by them for the effective delivery of our quality Catholic education at St. Matthew Catholic School. This includes but is not limited to the Archdiocesan Mission Policy included in the Handbook. We also acknowledge that we understand the ways we are able to access this handbook throughout the school year.*

*Catholic School students and parents, as well as the Catholic school and its employees, have rights conferred by contract law. In enrolling a child in a Catholic school, a parent agrees to follow the rules of that school. It is impossible to identify every situation that can arise in a handbook; thus wording {is used} such as 'other appropriate conduct' or 'conduct whether inside or outside of school that is detrimental to the reputation of the school...' Your child is representative of the Catholic school twenty-four hours a day, seven days a week, and is responsible for acting in way that brings credit to Church and School. You are required to sign this form stating that you have read the handbook and agree to be governed by it. Your signature serves as evidence that you entered into [this] contract and that you understand the provision of the contract.*

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Family Name (Please Print)



**To SMS Parents,**

**As requested by the Indiana State Department of Health's Children and Hoosiers Immunization Registry Program, this form is to be completed and returned at Orientation. This form will allow Saint Matthew School to submit your child's immunization information to the State.**

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**I give Saint Matthew Catholic School, permission to release immunization information concerning my child(ren) to the Indiana State Department of Health's Children and Hoosiers Immunization Registry Program.**

**I understand that the information in the registry may be used to verify that my child has received proper immunizations and to inform me of my child's immunization status or that an immunization is due according to recommended immunization schedules.**

**I understand that my child's information may be available to the immunization data registry of another state, a healthcare provider or a provider's designee, a local health department, an elementary or secondary school, a child care center, the office of Medicaid policy and planning or a contractor of the office of Medicaid policy and planning, a licensed child placing agency, and a college or university. I also understand that other entities may be added to this list through amendment to I.C. 16-38-5-3.**

\_\_\_\_\_ **I hereby consent to the release of such information.**

\_\_\_\_\_ **I do not wish to participate in this information/data sharing.**

\_\_\_\_\_  
**Signature of Parent or Guardian**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name of Parent or Guardian**

\_\_\_\_\_  
**Child's Name**

\_\_\_\_\_  
**Child's Name**

\_\_\_\_\_  
**Child's Name**

\_\_\_\_\_  
**Child's Name**



St. Matthew Catholic School believes that our students, staff, school, and parish benefit from positive recognition and timely communication. I understand that from time-to-time images (photographs, videos, etc.) of my child may appear without specific identifying information in school or parish publications, brochures, programs, or on websites unless I object in writing (such objections cannot be construed to include “crowd shots” in public settings such as athletic events, youth rallies and other such events over which the school/parish may not have overall control).

“Directory information” regarding my child may also be shared for legitimate purposes without parental consent. Directory information is generally defined as: names, addresses, telephone listings, e-mail addresses, date and place of birth, honors and awards, dates of attendance and similar information for school/parish use for purposes such as program rosters, athletic rosters, parish directories, parent-to-parent directories, playbills, programs, yearbooks, honor rolls and other such purposes. Directory information may generally be released to third parties such as school photographers, colleges, high schools, military recruiters, trip organizers, class ring vendors and others for legitimate purposes unless the parent objects in advance in writing.

I do permit and authorize St. Matthew Parish and School and its employees, agents, and personnel who are acting on behalf of St. Matthew Parish and School to use my child(ren)’s photograph or other likeness and appropriate identifying and accompanying information for purposes related to the educational mission of the school/parish, including publicity, marketing, and promotion of the school/parish and its various programs and ministries. I understand this photograph or likeness may be copied and distributed by means of various media, including video presentations, television, news bulletins, billboards or signs, brochures, placement on websites, or in newspapers.

I understand that, although St. Matthew will endeavor to use my child(ren)’s photograph or likeness and identifying and accompanying information in accordance with standards of good judgment, the school/parish cannot warrant or guarantee that any further dissemination of my photograph or likeness and information will be subject to school/parish supervision or control. Accordingly, I release St. Matthew School and Parish from any and all liability related to dissemination of my child(ren)’s photograph or likeness.

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**Parent/Guardian Signature**

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**Date**

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**Family Name (Please Print)**

*We understand there may be some circumstances that cause you not to want to have identifying information and photographs specifically of your children published. If so, please mark below.*

☐ No, I do not want my child(ren)’s photograph or likeness used with identifying and accompanying information. I understand that, per the terms of the first paragraph above, this does not preclude their photographs used in group shots, but I request that my child(ren)’s specific name not be published and that specific photographs of just my child(ren) not be used.

☐ While “No” to the above, I do give permission for my child(ren)’s photograph or likeness to be used with identifying information in the official school yearbook.

*Parents may review, copy, seek to amend or disclose student information in school records upon 48 hours prior notice to the school office. School records may be shared for legitimate purposes by the school without consent (for example, when a student enrolls in another school within the Archdiocese of Indianapolis or matriculates to a higher level [i.e., from middle school to high school], and other similar situations). Special provisions for release of certain records may apply to children with identified special needs.*



### **School Social Work Informed Consent**

Our school partners with Catholic Charities Indianapolis - School Social Work program to offer support to students as the need arises. As you know, our focus is to not only guide students academically, but also socially and emotionally. Individual and group social work services are offered to students. Students may wish to see the social worker/school counselor for a variety of reasons including, but not limited to, concerns about self-esteem, coping skills, stress managements skills, peer interactions, anger management, divorce/separation/loss, and social skills.

This form gives consent for our school social worker/school counselor, Ms. Elizabeth Baratz, to talk with your child during the school day if needed. Students may be referred to the school social worker/school counselor by parents, teachers, staff, the principal, or self. All content within sessions is kept confidential. Consent is not required in the following situations where ethical responsibility limits confidentiality:

- The student reveals information about hurting himself/herself or someone else.
- The student or someone else may be in physical danger or experiencing a medical emergency.
- A court order is received directing disclosure of information.

Child's name \_\_\_\_\_

Child's name \_\_\_\_\_

Child's name \_\_\_\_\_

I, \_\_\_\_\_ give consent for my  
child/children to see the school social worker/school counselor.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/guardian email: \_\_\_\_\_