

DELONE CATHOLIC HIGH SCHOOL

BACK TO SCHOOL CHECKLIST

- (REQUIRED) Read the following documents online. (Paper copies may be requested from the homeroom teacher or Main Office).
 - [Student/Parent Handbook](#) (Available online and provided in print to your child on the first day of school).
 - [Technology Acceptable Use Policy](#) (page 56 of the Student/Parent Handbook)

- (REQUIRED) Complete the [Back to School forms](#). (Paper copies may be requested from the homeroom teacher or Main Office.)
 - **Directions:** If you choose to, you may type your information into the PDF form. However, please be aware that **you will not be able to save your work**, plan to complete the forms and print them in one session. As you begin typing information into these forms, the information will auto-populate into the same fields on other pages. Please read through each form carefully and fill in any fields that remain empty. **When finished, print the forms (single-sided) and sign any pages that require signatures in the appropriate space provided.** Please note some pages require both parent and student signatures. Assure that pages are in order from #1-10. **Return all forms to the homeroom teacher by Friday, Sept. 4.**

- (REQUIRED) Check your email for an invitation to your [ParentPortal account](#) (PlusPortals) if you have not already logged in. Please do not give your child your account information. Students will be given their own StudentPortal login information.

- (REQUIRED) Create your [Lunchtime cafeteria account](#) if you do not already have one.

- (OPTIONAL) Connect with Delone Catholic on your favorite social media to stay up-to-date with what is happening at school.
 - [Facebook](#)
 - [Twitter](#)
 - [YouTube](#)

DELONE CATHOLIC HIGH SCHOOL STUDENT INFORMATION FORM

STUDENT INFORMATION					
First Name		Last Name		Middle Initial	
ID Number		Gender		Grade	
Nickname		Birthdate		Cell Phone	
Allergies					
Medication					
FATHER/GUARDIAN'S INFORMATION					
<input type="checkbox"/> Legal Guardian <input type="checkbox"/> Lives with Student Full-Time <input type="checkbox"/> Lives with Student Part-Time					
Name(s)			Relation to Student		
Address					
City			State		Zip
Cell Phone			Home Phone		
Work Phone			Workplace		
Email					
MOTHER/GUARDIAN'S INFORMATION					
<input type="checkbox"/> Legal Guardian <input type="checkbox"/> Lives with Student Full-Time <input type="checkbox"/> Lives with Student Part-Time					
Name			Relation to Student		
Address	<input type="checkbox"/> Same as Father/Guardian				
City			State		Zip
Cell Phone			Home Phone		
Work Phone			Workplace		
Email					
EMERGENCY CONTACTS					
<i>Please list two neighbors or relatives who can pick up and assume temporary care for your child if you cannot be reached.</i>					
First Contact's Name			Relation to Student		
Cell Phone			Home Phone		
Work Phone			Workplace		
Second Contact's Name			Relation to Student		
Cell Phone			Home Phone		
Work Phone			Workplace		
PHYSICIAN INFORMATION					
Physician's Name			Physician's Phone		
Preferred Hospital			Dentist's Name		
CONSENT FOR EMERGENCY TREATMENT					
When professionally necessary, hospital personnel have permission to provide appropriate medical care: <i>(check one)</i>					
<input type="checkbox"/> Yes <input type="checkbox"/> No					
Parent/Guardian Signature				Date	

Student Name			
HEALTH CONCERNS			
<i>Please check any of the following health concerns that your student has and provide an explanation for each item checked:</i>			
CONCERN		EXPLANATION	
<input type="checkbox"/>	Allergies (<i>seasonal, medication or severe</i>) (<i>Epi-Pen, medic alert?</i>)		
<input type="checkbox"/>	Arthritis or Rheumatic Disease		
<input type="checkbox"/>	Asthma (<i>inhaler needed?</i>)		
<input type="checkbox"/>	Attention Deficit Disorder/Hyperactivity (ADD/ADHD)		
<input type="checkbox"/>	Birth Defects or Developmental Problems (<i>cerebral palsy?</i>)		
<input type="checkbox"/>	Bleeding, Cellular or Circulatory Disorders <ul style="list-style-type: none"> ○ Anemia ○ Sickle Cell Disease ○ Lymphedema ○ Other _____ 		
<input type="checkbox"/>	Cardiovascular Conditions/Heart Problems (<i>murmur, high blood pressure</i>) (<i>activity restriction?</i>)		
<input type="checkbox"/>	Connective Tissue Disorders (Lupus?)		
<input type="checkbox"/>	Endocrine or Exocrine Disorders <ul style="list-style-type: none"> ○ Diabetes (insulin or oral medicine?) ○ Thyroid ○ Cystic Fibrosis ○ Adrenal ○ Pituitary ○ Testicular or Ovarian Disorders ○ Other _____ 		
<input type="checkbox"/>	Hearing Loss, Ear Problems or Infections (<i>Tubes/Aides?</i>)		
<input type="checkbox"/>	Immunosuppressive Conditions		
<input type="checkbox"/>	Musculoskeletal Problems (<i>absence of limbs, digits or organs?</i>)		
<input type="checkbox"/>	Neurological Disorders (<i>seizures, migraines or convulsions?</i>)		
<input type="checkbox"/>	Orthopedic Concerns/Bone Problems (<i>Scoliosis?</i>)		
<input type="checkbox"/>	Operations, Concussions or Head Injuries (<i>Date?</i>)		
<input type="checkbox"/>	Psychiatric/Emotional Problems (<i>Counseling?</i>)		
<input type="checkbox"/>	Stomach and/or Intestinal Problems (<i>GERD/acid reflux?</i>)		
<input type="checkbox"/>	Serious Injuries, Accident or Burns		
<input type="checkbox"/>	Tumors or Cancer		
<input type="checkbox"/>	Urinary/Kidney Problems		
<input type="checkbox"/>	Vision/Color Blindness (<i>glasses/contacts?</i>)		
<input type="checkbox"/>	Weight, Eating, Speech Disorders (<i>anorexia, bulimia or obesity</i>)		
<input type="checkbox"/>	Lyme Disease		
<input type="checkbox"/>	OTHER (<i>Explain.</i>)		
<input type="checkbox"/>	Medications being taken		
Parent/Guardian Signature			Date

DELONE CATHOLIC HIGH SCHOOL FEDERAL PROGRAMS SURVEY

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 Friday of the first week of school. All the information will be kept in confidence.

Sincerely,

Mrs. Donna Tompkins
Interim Principal

FAMILY SURVEY																						
<p>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.</p>																						
<table border="1" style="margin: auto; border-collapse: collapse;"> <thead> <tr> <th style="padding: 5px;">Household Size*</th> <th style="padding: 5px;">Yearly Income</th> </tr> </thead> <tbody> <tr><td style="text-align: center;">1</td><td style="text-align: center;">\$23,606</td></tr> <tr><td style="text-align: center;">2</td><td style="text-align: center;">\$31,894</td></tr> <tr><td style="text-align: center;">3</td><td style="text-align: center;">\$40,182</td></tr> <tr><td style="text-align: center;">4</td><td style="text-align: center;">\$48,470</td></tr> <tr><td style="text-align: center;">5</td><td style="text-align: center;">\$56,758</td></tr> <tr><td style="text-align: center;">6</td><td style="text-align: center;">\$65,046</td></tr> <tr><td style="text-align: center;">7</td><td style="text-align: center;">\$73,334</td></tr> <tr><td style="text-align: center;">8</td><td style="text-align: center;">\$81,622</td></tr> <tr><td style="text-align: center;">Each Additional</td><td style="text-align: center;">+\$8,288</td></tr> </tbody> </table>			Household Size*	Yearly Income	1	\$23,606	2	\$31,894	3	\$40,182	4	\$48,470	5	\$56,758	6	\$65,046	7	\$73,334	8	\$81,622	Each Additional	+\$8,288
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8	\$81,622																					
Each Additional	+\$8,288																					
<p>*The number for household members could include a foster child, an emancipated youth or a special education student over the age of 18.</p>																						
		Yes	No																			
Is your annual income, based on household size, less than the amount shown above?		<input type="checkbox"/>	<input type="checkbox"/>																			
Is your family eligible for food stamps?		<input type="checkbox"/>	<input type="checkbox"/>																			
B. Are you receiving assistance under the Temporary Assistance for Needy Families (TANF) (public assistance)?		<input type="checkbox"/>	<input type="checkbox"/>																			
C. Are any of your children eligible to receive medical assistance under the Medicaid program?		<input type="checkbox"/>	<input type="checkbox"/>																			
D. Please check if you do not wish to share this information in writing or have questions concerning this survey. If so, please provide a phone number we can be reached. _____																						
Printed Name																						
Address																						
Names and Grades of Children Attending This School	Name	Grade																				
Public School District Where You Reside																						
Public School Your Child(ren) Would Attend																						

DELONE CATHOLIC HIGH SCHOOL STUDENT/PARENT HANDBOOK

Please read through the [Student/Parent Handbook](#) before signing this agreement. The Planbook/Handbook will be distributed on the first day of school and is also available at www.DeloneCatholic.org.

STUDENT/PARENT/GUARDIAN AGREEMENT			
I hereby affirm that I have thoroughly read the guidelines as set forth in the Delone Catholic High School Student/Parent Handbook. I agree to be governed by this school handbook for the current school year. I recognize the right and responsibility of the school to make rules and enforce them. I understand what is expected as a student/parent of Delone Catholic High School and agree to abide by the guidelines as set forth in the document.			
Printed Student Name			
Student Signature		Date	
Parent/Guardian Signature		Date	

TECHNOLOGY ACCEPTABLE USE POLICY

Please read through the Technology Acceptable Use Policy beginning on page 56 of the [Student/Parent Handbook](#) before signing this agreement. The policies are also available at www.DeloneCatholic.org.

STUDENT AGREEMENT			
I have read, understand, and accept the guidelines as stated in the Technology Acceptable Use Policy that any violation of the regulations is unethical and may even constitute a criminal offense. Should I commit any violation of this agreement, I understand that my access privileges may be revoked as provided in this agreement and school disciplinary action and/or appropriate civil and/or criminal legal action may be taken.			
Student Signature			Date
PARENT/GUARDIAN AGREEMENT			
I have read the Technology Acceptable Use Policy. I understand that some materials on the internet may be objectionable, but I accept the responsibility for providing guidance to the above student on the Internet use both inside and outside of school - conveying standards for the above student to follow when selecting, sharing or exploring information and media. When using the internet, I realize that students may read material that I might consider controversial or offensive even though measures have been taken to block undesirable content areas. Delone Catholic has my permission to give an internet account to my child. I understand that my child may keep this account as long as the procedures described in the Technology Acceptable Use Policy are followed.			
Parent/Guardian Signature			Date

DELONE CATHOLIC HIGH SCHOOL

DIOCESE OF HARRISBURG STUDENT PHOTO AND VIDEO RELEASE FORM

PARENT/GUARDIAN CONSENT

I, the undersigned, do hereby consent and agree for photographs, videotapes or digital recordings of my child,

(Child's First and Last Name)

may appear on Delone Catholic High School's website, over the Diocese of Harrisburg's Wide Area Network (WAN) through the use of web cameras and/or video conferencing units during the current school year.

I understand that my child's picture may be on display for the reason of Education, Marketing and notice of Awards and Honors in print and electronic media. I further acknowledge my child's name may/may not be used in connection with his/her picture, videotape, digital recording.

I hereby agree on behalf of the above named student and with the agreement of his/her other parent or legal guardian to waive any claims against this school, the Diocese of Harrisburg (and any diocesan or school offers, agents or employees) which may rise from the use of said picture/pictures/videotape/digital recording of Delone Catholic High School student/students in the above described event.

If at any time, I want my child's photograph and/or recording to be removed from any use, I acknowledge that it is my responsibility to inform in writing the Principal/Vice Principal of this decision.

Parent/Guardian Name			
Parent/Guardian Address			
Phone			
Parent Signature		Date	
OR PARENT/GUARDIAN NON-CONSENT			
I <u>DO NOT CONSENT</u> to the above, and do not want my child's image to be used in any media or any reason.			
Parent/Guardian Signature		Date	

CATHOLIC SCHOOL PARENT MEMORANDUM OF UNDERSTANDING

AFFIRMATION STATEMENT

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/Guardian Signature		Date	
Mother/Guardian Signature		Date	
Parents/Guardians' Printed Names			
Student Name			

DELONE CATHOLIC HIGH SCHOOL FOR JUNIORS AND SENIORS ONLY

Dear Parents of Juniors and Seniors:

Federal legislation requires that schools cooperate with recruiters for the United States Armed Forces. Congress passed legislation in 2002 that requires high schools to provide to military recruiters access to school students and directory information on those students. Both the *No Child Left Behind Act of 2002* and the *National Defense Authorization Act for Fiscal Year 2002* reflect these requirements.

Delone Catholic will provide a directory of information of juniors and seniors to the branches of the Armed Forces. If you do not wish for the information of your child shared in the directory, please fill out the form below and return to the Main Office by Friday of the first week of school.

Thank you in advance for your cooperation.

Sincerely,

Donna Tompkins, Interim Principal

ARMED FORCES DIRECTORY OPT-OUT FORM			
Student Name		Grade	
Parent Signature		Date	

DELONE CATHOLIC HIGH SCHOOL GUIDANCE DEPARTMENT STUDENT INFORMATION

Please complete this form as honestly and completely as you can.

Any information submitted to the Guidance Department and its personnel is always treated as confidential.

Please print.

STUDENT INFORMATION									
Name							Homeroom		
Nickname					Grade			Date of Birth	
Student ID Number				Social Security Number <i>(last 4 digits)</i>					
Address									
City					State			Zip Code	
Home Phone				Cell Phone			Email Address:		
School Attended for Grade 8						Parish			
Public School District				Township/Borough				County	
PARENT/GUARDIAN INFORMATION									
Father Name							<input type="checkbox"/> Living <input type="checkbox"/> Deceased		
Address (if different)									
Father Occupation					Place of Employment				
Work Phone				Work Fax			Cell Phone		
Mother Name							<input type="checkbox"/> Living <input type="checkbox"/> Deceased		
Address (if different)									
Mother Occupation					Place of Employment				
Work Phone				Work Fax			Cell Phone		
Guardian Name <i>(if not living with parents)</i>									
Address (if different)									
Guardian Occupation					Place of Employment				
Work Phone				Work Fax			Cell Phone		
SIBLINGS									
Name				Age		School Attending			

DELONE CATHOLIC HIGH SCHOOL
GUIDANCE DEPARTMENT STUDENT INFORMATION
(CONTINUED)

ACADEMIC PROGRESS

How would you evaluate your academic progress in school thus far?

Very Poor Poor Average Above Average Superior

EMPLOYMENT EXPERIENCE

Employer	Duties	Hours Per Week

HOBBIES AND ACTIVITIES

List four hobbies or activities you enjoy.

Rank the following items from #1 to #10, using #1 to indicate the interest that most appeals to you and #10 to indicate the interest that least appeals to you. Use the numbers #2 through #9 to indicate the strength of your interest in the remaining areas.

Art Mathematics Music Outdoor Activities Salesmanship
 Helping Others Mechanics Office Work Reading/Composition Science

FUTURE PLANS

Indicate by checking the appropriate line what your plans will be after graduation from Delone Catholic:

- Attend College (four years)
 o Intended Major _____
 Attend College (two years)
 o Intended Major _____
 Attend trade school (examples – auto mechanics, carpentry, electrical)
 Enroll in an apprenticeship program (examples – plumbing, electrical, fashion design)
 Seek employment immediately after graduation
 Enlist in the military
 o Branch _____
 Undecided

DELONE CATHOLIC HIGH SCHOOL GUIDANCE DEPARTMENT QUESTIONNAIRE FOR SENIORS

Please complete this form as honestly and completely as you can.

STUDENT INFORMATION			
Name		Age	
		Homeroom	
FUTURE PLANS			
Indicate by checking the appropriate line what your plans will be after graduation from Delone Catholic:			
<input type="checkbox"/> Attend College (four years) <input type="checkbox"/> Attend College (two years) <input type="checkbox"/> Attend trade school (examples – auto mechanics, carpentry, electrical) <input type="checkbox"/> Enroll in an apprenticeship program (examples – plumbing, electrical, fashion design) <input type="checkbox"/> Seek employment immediately after graduation <input type="checkbox"/> Enlist in the military ○ Branch _____ <input type="checkbox"/> Undecided			
Describe any unusual ideas or plans you have as you look toward your future.			
List the names of colleges or trade schools you have applied to or to which you intend to apply.			
If you plan to attend college or trade school after graduation, what is your intended major?			
Do you wish to participate in interscholastic athletics at college?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, which Sports?			
What career or jobs are you interested in pursuing after graduation?			
Are you presently employed?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, where?			
Are you interested in part-time employment, if available?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, do you have a preference as to what type of employment?			

DELONE CATHOLIC HIGH SCHOOL
VEHICLE IDENTIFICATION FORM FOR STUDENT DRIVERS
(for all student drivers, whether parking on the streets or in the lot)

STUDENT AND VEHICLE INFORMATION			
Student Name		Grade	
Vehicle #1 Make and Model			
Vehicle Color			
License Plate #			
Vehicle Owner			
Vehicle #2 Make and Model			
Vehicle Color			
License Plate #			
Vehicle Owner			
Vehicle #3 Make and Model			
Vehicle Color			
License Plate #			
Vehicle Owner			
STUDENT PARKING POLICIES			
<p>Instructions for parking on the streets that surround Delone Catholic as outlined in the Student/Parent Handbook are as follows:</p> <ul style="list-style-type: none"> • All student drivers must register each vehicle they drive. • Submit an updated form if a different vehicle is being driven. • Parking is permitted on the football field side of Delone Avenue and South Street. Parking is permitted on Eric Drive. • There is NO PARKING in front of the residential side of Delone Avenue and South Street. There is NO PARKING in front of the school on Oxford Avenue or in front of the Moose parking lot. 			
AGREEMENT			
Please sign below to indicate that you have read and understand the guidelines for parking in the vicinity of the school.			
Student Signature		Date	
Parent Signature		Date	