

RESPONSIBLE USE POLICY FOR TECHNOLOGY

Catholic Schools of the Archdiocese of Philadelphia Student Internet Access Student Contract

I understand that AoP computer technology, devices, services, network, and Internet access are to be used for educational, professional and authorized purposes only in adherence to AoP policies. When I am using the Internet or any other computer/telecommunications device, I must adhere to all rules of courtesy, etiquette, and laws regarding the copying of information as prescribed by either Federal, State, or local laws, and the Archdiocese of Philadelphia and (school name)

My signature below and that of my parents(s) or guardian(s) signature means that I agree to follow the guidelines of this *Responsible Use Policy for Technology for the Catholic Schools of the Archdiocese of Philadelphia*.

Student Name/ID _____

Student Signature _____

Date ____/____/____

Graduation Year _____

Room Number (if elementary) _____

Grade _____

Parent or Guardian: We ask that you review this policy with your child and sign below:

RESPONSIBLE USE POLICY FOR TECHNOLOGY
CATHOLIC SCHOOLS OF THE ARCHDIOCESE OF

PHILADELPHIA STUDENT INTERNET ACCESS - PARENT GUARDIAN

I hereby release _____(school name) and the Archdiocese of Philadelphia, its personnel and any other institution with which it is affiliated, from any and all claims and damages of any nature arising from my child's use of, or inability to use, the Internet, including but not limited to claims that may arise from the unauthorized use of the system to purchase products or services.

I will instruct my child regarding any restrictions against accessing materials that are outlined by the Responsible Use Policy for Technology for the Catholic Schools of the Archdiocese of Philadelphia. I will emphasize to my child the importance of following rules for personal safety.

As the parent or guardian of this student, I have read the Responsible Use Policy for Technology for the Catholic Schools of the Archdiocese of Philadelphia for

(school name).

I hereby give my permission for my child to use the Internet and will not hold

(school name)

or the Archdiocese of Philadelphia liable as a result of my daughter's/son's use of the Internet on school premises. I understand that my child has agreed not to access inappropriate material on the Internet.

Parent/Guardian Signature _____

Date _____

RESPONSIBLE USE POLICY FOR TECHNOLOGY

Catholic Schools of the Archdiocese of Philadelphia Administrators, Faculty and Staff Internet Access Contract

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_____ (school name).

My signature below indicates that I agree to follow the guidelines of this Responsible Use Policy for Technology for the Catholic Schools of the Archdiocese of Philadelphia.

Administrator/Teacher's Signature

Date: _____

N.B. This is available for school use as deemed necessary.

Archdiocese of Philadelphia
Virtual Classroom Video/Audio Recording
Parent/Guardian Acknowledgment Form

In order to provide continuity of instruction during flexible instruction days, the Catholic schools in the Archdiocese of Philadelphia will use a variety of teaching methods, including virtual classroom activities. Participation in virtual classroom activities is subject to school policies and regulations, including, but not limited to: student conduct/behavior and acceptable use of technology.

I understand that my child's instructor may conduct virtual classroom activities. Be aware that video, including audio, will be used for teaching purposes, and at times, teachers may record classroom activities for educational use/purposes. The recordings will only be shared within the school setting for students unable to attend the virtual classroom activity in real-time. Video recordings will be available for download so that School students may access said recordings during remote learning, but such use will be limited to School students only. School students can view them online or offline in coordination with their daily instruction. Any use of said virtual academic content outside of School's instructor or administrator approved use, such as uploading or sharing of said video content to a third-party website, personal website, or a social media account is strictly prohibited. This prohibition also extends to sharing such recordings to non-School students.

The recordings will be stored, accessed, and disposed of in accordance with the guidelines established by the Office of Catholic Education for the Archdiocese of Philadelphia.

The instructor will provide advance notice of recording a classroom activity. If you have questions or need assistance with virtual classroom activities, please contact your child's instructor or -----.

I hereby consent to the School's collection, use, and/or disclosure of information about my child through video conferencing and recording applications and other manual and/or electronic procedures utilized within course instruction. I understand that my child is participating in a virtual academic setting, and that the information collected is a part of the remote classroom experience currently being utilized. This consent form covers all forms of remote learning courses. The information supplied to the instructor and/or School is meant solely for educational and class related use.

Archdiocese of Philadelphia
Virtual Classroom Video/Audio Recording
Parent/Guardian Acknowledgment Form

By signing below, I acknowledge that my child's name, image, likeness, speech, their typed or written content, as well as their grade and course information may be transmitted during video portions of remote learning and online instruction.

Student's Name: _____

Classroom Teacher's Name: _____

School: _____

Parent/Guardian Signature: _____

Parent/Guardian Name:

(Please print)

Date: _____

Student Signature (if high school): _____

Date: _____

****Please return this acknowledgement form to -----****

MEMORANDUM OF UNDERSTANDING

Every Catholic school student has a right to be treated as a child of God, with the love and respect that implies, regardless of family circumstances. In like manner, the believing community has the right to an education guided by Catholic teaching and identity, unimpeded by pressures contrary to Church teaching.

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

1. Attending a Catholic school is a privilege, not a right.
2. The primary purpose of a Catholic school education is two-fold: to strengthen the Catholic community in its faith, and to form students in the teachings of Jesus Christ and the Catholic Church.
3. Catholic schools are distinctive religious education institutions guided by the teachings of the Catholic Church. They are not simply private schools offering a positive moral code. Rather, they exist to advance the faith mission of the sponsoring Catholic parish(es), Archdiocese, or Catholic religious community.
4. While Catholic education places a high value on academic excellence and extracurricular achievement, its fundamental priority is fidelity to Catholic teaching and identity.
5. The school and its administration have the responsibility to ensure that Catholic teaching and moral integrity permeate every facet of the school's life and activity and that the school is able to function as a community of faith.
6. In all questions that involve Catholic teaching, morals, and Church law, the final determination rests with the Archbishop.

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 principles and policies that govern the Catholic school.

Parent/Guardian Signature _____

Date _____

Parent/Guardian Signature _____

Date _____

ARCHDIOCESE OF PHILADELPHIA

Consent Form for Electronic Communication with Minors

Permission of the parent or guardian must be obtained, in writing, in order for an adult leader to communicate with minors via telephone, cell phone, text messaging, e-mail, social networks, or other electronic means.

High School: Little Flower Catholic High School for Girls

Name of Participant: _____

Address: _____

City/Town, State and Zip Code: _____

Home Phone: _____

Parent/guardian cell phone: _____

Parent/guardian E-mail: _____

Please note: By providing the email address and cell phone number of a minor, the parent or guardian grants permission for electronic communication from the group leader to this young person in regards to all group related activities.

Optional information:

Participant's e-mail: _____

Participant's cell phone: _____

Sharing of a minor's contact information: (If the following statement is not checked, the information will not be shared.)

_____ I give my permission for my child's email and cell phone number to be shared with other minors and adult leaders who are associated with the activity of this High School.

Name of Parent or Guardian: _____

(please print)

Signature of Parent or Guardian: _____

Date: _____

HANDBOOK ACKNOWLEDGEMENT

I have reviewed the Student Handbook and am aware that I am responsible for knowledge of and compliance with the rules & regulations, policies and procedures stated within.

Parent /Guardian Signature: _____

Parent/Guardian e-mail address: _____

Student Signature: _____

Student Number: _____

Date: _____

CELL PHONE POLICY AND REGISTRATION FORM

By completing and signing this form we are indicating that we are aware of and have agreed to abide by the Cell Phone Policy as stated below, and are aware of the consequences that will be applied if the policy is violated.

- Cell phones may not be used in the school building or on school grounds **AT ANY TIME** before the 8th period dismissal.
- Phones must be kept in lockers. Students are reminded that neither lock combinations nor lockers may be shared; parents/students are reminded that **LITTLE FLOWER IS NOT RESPONSIBLE FOR ITEMS LOST OR STOLEN.**
- If a phone is confiscated, demerits consequences range from 10 to 31 demerits depending on circumstances.

Signature of Parent/Guardian: _____

Signature of Student: _____

Student Number: _____

Date: _____

COVID 19 Information

Because of the ever-changing nature of COVID-19 regulations, up to date instructions and guidelines will be posted on our website and sent through School Messenger. These guidelines are determined by the CDC, the School District of Philadelphia, and the Office of Catholic Education.

Name of Child: _____

Name of Parent/Guardian:

(please print)

Date: _____

Signature of Parent/Guardian _____