G-3139 Hogarth Avenue Flint, Michigan 48532 Tel: 810-235-8572 Fax: 810-235-2675 Website: <a href="mailto:www.spxparish.com">www.spxparish.com</a> E-mail: principal@stpiusxcatholic.org

The mission of St. Pius X Catholic School is to provide superior academics in a joyful, safe, welcoming, Catholic, family environment.

| Student Name   | Grade                 | Student Name                  | G                              | Grade  |
|--|-----------------------|-------------------------------|--------------------------------|--------|
| Student Name   | Grade                 | Student Name                  |                                | Grade  |
| Parent or Guardian Name Printed  | Parent or Gua         | rdian Signature               | Date                           |        |
| By signing abov  | e I agree to          | following sections list       | ed below                       |        |
| <u>New</u>   | spaper and            | Internet Permission           |                                |        |
| In keeping with these guidelines and Dioces the statements below.                      | san policy, we a      | re seeking your permission    | for the following by circling  | one of |
| I GIVE my permission for my child's parish website.  I DO NOT GIVE my permission for n |                       |                               |                                |        |
| school and parish website.   | ny enna 3 pietar      | e to be published in our loca | ararea newspapers and on e     | Jui    |
| Pes  | ticide Prior N        | otification Request           |                                |        |
| *We will be notifying parent/guardians throwith the oldest child in the family.        | ough e-mail. If v     | you do not have an e-mail a   | ddress, a notice will be sent  | : home |
| I wish to be notified prior to any <b>u</b>  | -                     |                               |                                |        |
| Concussion Aware   | ness Educat           | ional Material Ackno          | wledgement                     |        |
| By my name and signature aboves, I acreeived and reviewed the Concussion               | •                     |                               |                                |        |
| Return this signed form to the School. The and until age 25. Students and parents sho  |                       | •                             |                                |        |
|  |                       | ols and Parish Education      |                                |        |
| Acceptable Us  | <u>e Contract for</u> | Student and Parent Tech       | nology                         |        |
| Access and use of the Internet, local area need and understand the contract for use o  | •                     | iters and other technologie   | s is a privilege for the user. | I have |
| I accept the terms, conditions and policy at any time for any reason.                  | regulation of th      | is contract and understand    | that the school can change     | this   |