

Fontbonne  
930 Brook Road  
Milton, MA 02186



Established in 1954  
A Ministry of the  
Sisters of St. Joseph of Boston

### 2019-2020 Student Information:

Student's Name \_\_\_\_\_ Grad Year \_\_\_\_\_ Date of Birth \_\_\_\_\_

Student's Address \_\_\_\_\_  
(Street) (Apt. #) (City) (State) (Zip)

Primary Phone: \_\_\_\_\_

Ethnicity \_\_\_\_\_ Religion \_\_\_\_\_ Student resides with: \_\_\_\_\_

Middle School: \_\_\_\_\_  
(Name of School) (City)

Legacy Student: Yes No Relative Name(s) & Relationship(s): \_\_\_\_\_  
(Circle one)

### Parent/Guardian Information: (If applicable please note if Guardian or Grandparent or Aunt etc.)

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

☐ Mother ☐ Father ☐ Other: \_\_\_\_\_ ☐ Mother ☐ Father ☐ Other: \_\_\_\_\_

Primary Phone \_\_\_\_\_ Primary Phone \_\_\_\_\_  
☐ Home ☐ Work ☐ Cell ☐ Home ☐ Work ☐ Cell

Secondary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_  
☐ Home ☐ Work ☐ Cell ☐ Home ☐ Work ☐ Cell

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Address if different from student: \_\_\_\_\_ Address if different from student: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Student/ Parent Responsibilities

I understand that Fontbonne Academy uses a Learning Management System (LMS). It is my responsibility as a student/parent to use this system to monitor my/my daughter's progress, homework assignments, attendance, etc. This system will also be used to distribute report cards and honor roll information. LMS log in information will be sent home in the fall of 2018.

Parent Name, Home Address, Telephone Number, and Email Address are accessible to other members of the Fontbonne Community in the LMS. If you do not want some or all of your information displayed, contact the Computer Services Coordinator.

I understand that each teacher will post classroom policies on the course page in the LMS. I will read and support these policies. Please initial that you have read and agreed to the above responsibilities.

Parent/Guardian Initials \_\_\_\_\_ Student Initials \_\_\_\_\_

### Student/Parent Handbook

Signature Required

We have read the Fontbonne Academy Student/Parent Handbook and agree to comply with all school rules and regulations, including the Technology and Acceptable Use Policy set forth therein.

Mother/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Father/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

THE HEAD OF SCHOOL RETAINS THE RIGHT TO AMEND THE STUDENT/ PARENT HANDBOOK AFTER PUBLICATION.

**Emergency/ Health Information:**

Primary Care Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Health Insurance Carrier: \_\_\_\_\_ Policy I.D. # \_\_\_\_\_  
Allergies \_\_\_\_\_  
Medications \_\_\_\_\_  
Conditions/Restrictions \_\_\_\_\_  
Date of Last Physical \_\_\_\_\_ Contact Lenses: Yes \_\_\_\_\_ No \_\_\_\_\_

**Medication Administration Permission:** I give permission for the School Nurse to administer the following over the counter medication to my child.

**Acetaminophen** 500mg po 1-2 tablets as needed. Yes ☐ No ☐ **Ibuprofen** 200mg po 1-2 tablets as needed. Yes ☐ No ☐

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

\_\_\_\_\_  
Date

**Permission to Treat/ Release Health in Emergencies:** I hereby give consent for the nurse or other health care providers considered appropriate by her to carry out accepted procedures for transport, diagnosis, immunization, medical and minor surgical treatment or counseling for my daughter/ward. Should an emergency arise in which time is an important factor and the school authorities are unable to contact me promptly, I authorize the Head of School or school official to exercise her/his best judgement in the interests of my child's welfare. I also give permission for this Emergency Form to be released to those personnel or other appropriate health care providers who may need this information in order to treat my daughter/ward in a medical emergency.

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

\_\_\_\_\_  
Date

Please list two contacts other than parent/guardian(s) listed above to call in case of emergencies where a parent/guardian was unable to be reached.

**Emergency Contact's Name** \_\_\_\_\_

**Emergency Contact's Name** \_\_\_\_\_

Relationship \_\_\_\_\_

Relationship \_\_\_\_\_

Primary Phone \_\_\_\_\_

Primary Phone \_\_\_\_\_

Secondary Phone \_\_\_\_\_

Secondary Phone \_\_\_\_\_

**Senior Privilege and Diploma**

This section is to be filled out by senior families only.

**Parents/Guardians of Seniors**

Please sign if you give consent.

\_\_\_\_\_ I give my daughter permission to participate in Senior Privilege.  
For further information regarding senior privilege, please refer to the Student/Parent Handbook.

**Diploma**

Please print how your name should appear on your diploma.

\_\_\_\_\_  
First

\_\_\_\_\_  
Middle

\_\_\_\_\_  
Last

Student signature \_\_\_\_\_ Parent signature \_\_\_\_\_

***If there are any changes to the above information during the school year, please inform the School Office.***