

Fontbonne Academy
 930 Brook Road
 Milton, MA 02186
 617.615.3014

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



FONTBONNE
 ACADEMY

www.fontbonneacademy.org

Student Information:

Student's Name _____ Grad Year _____ Date of Birth _____
 Street Address _____
 _____ (Apt. #) _____ (City) _____ (State) _____ (Zip)
 Ethnicity _____ Religion _____ Student resides with: _____
 Middle School: _____
 _____ (Name of School) _____ (City)

Parent Information:

Mother's Name _____ Father's Name _____
 Home Phone _____ Home Phone _____
 Work Phone _____ Work Phone _____
 Cell Phone _____ Cell Phone _____
 If address is _____ If address if _____
 different from student _____ different from student _____

Emergency/ Health Information:

Emergency Contact's Name _____ Emergency Contact's Name _____
 Relationship _____ Relationship _____
 Home Phone _____ Home Phone _____
 Cell Phone _____ Cell Phone _____
 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 with an order from a licensed prescriber and parental permission 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

Method of Transportation

Please check off the method of transportation your student will typically take to get to Fontbonne Academy.

- Parent will drop off, Walk, Carpool Driver's Name, Driver's Phone, Ashmont, Braintree, Mattapan, Quincy Center, Randolph, Roslindale, Weymouth, Wollaston, Other

If your Student will drive herself fill out the following information:

Vehicle #1 License Plate No. Make Model
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Student/ Parent Responsibilities

I understand that Fontbonne Academy uses a Learning Management System (LMS) (www.myfontbonneacademy.org). I have received my ID and instructions on how to log on to the system. If you need another copy, contact the Computer Services Coordinator. It is my responsibility as a student/parent to use this system to monitor my/my daughter's progress, homework assignments, attendance, etc.

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 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.

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. Please refer to the Student/Parent Handbook.

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.