

Parent-Student Handbook

2024-2025



Last Updated: August 2024`

The Board and Academy Administration retain the right to amend this handbook, when necessary, in accordance with NYC City Government, Department of Health, NY State Education Department and Diocese of Brooklyn policies, guidelines, regulations, or internal practices.

ACKNOWLEDGEMENT OF RECEIPT

FOR PARENTS/GUARDIANS

I acknowledge that I have received and read the Parent-Student Handbook and all subsequent forms (“Handbook”).

I have read and understood the contents of this Handbook, and will act in accord with these policies and procedures. I have explained the contents of this Handbook to my child. I agree that I am responsible for my child’s adherence to the policies in this Handbook.

I understand that this Handbook supersedes any other previously issued handbook and personnel manual and that all previous versions are hereby revoked.

I understand that the Academy reserves the right to add, amend, modify, or discontinue any of the policies and procedures as set forth in the Handbook at any time, with or without notice.

Policies relating to the COVID-19 virus, where applicable, may be provided as part of a supplement to this Handbook.

Print Name: _____

Signature: _____

Date: _____

Name of Child(ren) and Grades: _____

FOR STUDENTS GRADES 6-8

I have read the Parent-Student Handbook, have discussed its contents with my parent/guardian, and agree to abide by all its terms.

Print Name: _____

Signature: _____

Date: _____

Print Name: _____

Signature: _____

Date: _____

ELECTRONIC SIGNATURE AUTHORIZATION

If a parent/guardian chooses to sign any form electronically, the following MUST be submitted beforehand to the Academy with an original, and not electronic, signature.

I authorize the Academy to accept my electronic signature.

Print Name: _____

Signature: _____

Date: _____



BAY RIDGE CATHOLIC ACADEMY

365 83RD Street, Brooklyn, NY 11209 ~ 718-745-7643~ www.bayridgecatholic.org

A 21st Century School for the Catholic Community



ABSENT NOTE FORM

Student's Name: _____

Student's Class: _____

Date(s) of Absence: _____

Reason for Absence: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Doctor's Note Attached (circle one)? Y N

IMMUNIZATION INFORMATION



**Department of Health
& Mental Hygiene**

**Department of
Education**

Notice of Exclusion From School Due To Incomplete Immunization Record

Child's Name:	Date:	
Child's OSIS Number:	School DBN:	Grade or Class:

Dear Parent or Guardian:

As of ___/___/___, your child cannot attend school due to one or more missing vaccines required for school (checked off in the following table). Under Public Health Law Section 2164, your child's principal is prohibited from allowing your child to stay in school unless you provide records your child has received the vaccines or proof of immunity.

Show this letter to your child's health care provider to make sure they receive any missing vaccines. If your child already received the vaccines or has records of immunity, give the records to your school principal. Vaccines given before the minimum age (too early) do not count. Alternative vaccine schedules are not allowed. Call 311 for questions about immunizations or help finding a health care provider.

Vaccines (Missing Vaccines Are Checked)	Dose Number Needed	Health Care Provider Notes*
<input type="checkbox"/> Diphtheria, tetanus and pertussis (DTap or DTP), or tetanus and diphtheria (Td)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	DTaP is for children younger than age 7 years. Td is for children age 7 years or older.
<input type="checkbox"/> Tetanus, diphtheria and acellular pertussis (Tdap)	<input type="checkbox"/> 1	Only doses of Tdap (or DTaP) given at age 10 years or older count for grades 6 to 9; doses given at age 7 years or older count for grades 10 to 12.
<input type="checkbox"/> Polio (IPV or OPV)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Blood work showing immunity to all three polio serotypes is accepted only if done before September 2019.
<input type="checkbox"/> Measles, mumps and rubella (MMR)	<input type="checkbox"/> 1 <input type="checkbox"/> 2	Blood work showing immunity is accepted.
<input type="checkbox"/> Hepatitis B	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	Blood work showing immunity or infection is accepted.
<input type="checkbox"/> Varicella (chickenpox)	<input type="checkbox"/> 1 <input type="checkbox"/> 2	Blood work showing immunity or provider documentation of disease is accepted.
<input type="checkbox"/> Meningococcal conjugate (MenACWY)	<input type="checkbox"/> 1 <input type="checkbox"/> 2	Only MenACWY doses given at age 10 years or older count for grades 7 to 10; doses given before age 10 years count for the first dose for grades 11 to 12.
<input type="checkbox"/> <i>Haemophilus influenzae</i> type B (Hib)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Child care, Head Start, nursery, 3-K or prekindergarten
<input type="checkbox"/> Pneumococcal conjugate (PCV)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Child care, Head Start, nursery, 3-K or prekindergarten
<input type="checkbox"/> Influenza (flu)	<input type="checkbox"/> 1	Child care, Head Start, nursery, 3-K or prekindergarten

*For health care providers: To view school immunization requirements, visit schools.nyc.gov and search for immunizations (see the Information for Providers section).

Principal's Name:
School Phone:

Bay Ridge Catholic Academy - Sept. 2023
EMERGENCY CONTACT INFORMATION – CONFIDENTIAL

STUDENT LAST NAME: _____ FIRST NAME: _____

DATE OF BIRTH: _____ GENDER: _____ GRADE: _____

HOME ADDRESS: _____

MOTHER'S FULL NAME: _____

HOME ADDRESS: _____

TEL#: _____ CELL#: _____ BUSINESS #: _____

EMAIL ADDRESS: _____

MAY WE ADD YOUR EMAIL ADDRESS TO OUR SCHOOL "CONTACT/INFO" LIST? _____

FATHER'S FULL NAME: _____

HOME ADDRESS: _____

TEL#: _____ CELL#: _____ BUSINESS #: _____

EMAIL ADDRESS: _____

MAY WE ADD YOUR EMAIL ADDRESS TO OUR SCHOOL "CONTACT/INFO" LIST? _____

PERSONS ALLOWED TO PICK UP THE ABOVE STUDENT OR TO BE CONTACTED IN CASE OF AN EMERGENCY:

NAME: _____ TEL#: _____ RELATIONSHIP: _____

NAME: _____ TEL#: _____ RELATIONSHIP: _____

NAME: _____ TEL#: _____ RELATIONSHIP: _____

Is there any person who may NOT HAVE ACCESS to the above student? If YES,

NAME: _____ RELATIONSHIP: _____

Order of Protection Exists? _____ YES _____ NO

HEALTH: Does the student have any health condition that may affect participation in physical activities? _____

IF YES, please explain: _____

Does the student have any ALLERGIES? _____

Parent Signature: _____ Date: _____

EMERGENCY CONTACT INFORMATION - CONFIDENTIAL

ACKNOWLEDGMENT OF ACCEPTABLE USE POLICY

Parent/Guardian

As the parent/guardian of a student at the Academy, I have read the Acceptable Use policy and agree to abide by its terms, and to ensure my child abides by its terms. I understand that computer and internet access at the Academy is designed for educational purposes. I am aware that it is impossible for the school to restrict access to all controversial materials and I will not hold the Academy responsible for materials acquired in use. Further, I accept full responsibility for supervision if and when my child's use of school's technology resources is not in a school setting. I hereby give permission for my child to use the school's technology resources and certify that I have reviewed this information with my child.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

Name of Student: _____

Grade: _____

Name of Student: _____

Grade: _____

For Students Grades 6-8

I have read the Acceptable Use Policy in this Handbook.

Student Name: _____ Student Signature: _____

Student's Grade: _____ Date: _____

Student Name: _____ Student Signature: _____

Student's Grade: _____ Date: _____

MEDIA AUTHORIZATION AND RELEASE

I hereby consent to the taking of photographs, movies, videos, and images capable of reproduction in any medium of me or my children or children of whom I am the designated guardian by the Academy, Roman Catholic Diocese of Brooklyn, and/or Department of Education and their parents, affiliates, trustees, directors, members, officers, employees, volunteers, agents and contractors (the "Parties").

I hereby grant the Parties the right to edit, reproduce, use and reuse images for any and all purposes including, but not limited to, advertising, promotion and display, and I hereby consent to the editing, reproduction, use and re-use of said images in any and all media in existence and all media yet in existence including, but not limited to, video, print, television, internet, and podcasts.

I forever grant, assign, and transfer to the Parties any right, title and interest that I and/or my child/children may have in any images, including negatives, taken of me and/or my children by the Parties. I hereby agree to release, indemnify and hold harmless the Parties from any and all claims, demands, actions or causes of actions, loss, liability, damage, or cost arising from this authorization.

Print Name: _____

Signature: _____

Date: _____

Name and Grade of Child: _____

If you are choosing to opt out of this policy, the Academy MUST receive the signed acknowledgement below and return it to the Principal by the first day of school:

I have read the Media Authorization and Release Policy and am choosing to opt out.

Print Name: _____

Signature: _____

Date: _____

Name and Grade of Child: _____