FORM 22

SCHOOL HANDBOOK ACKNOWLEDGMENT

ARCHDIOCESE OF WASHINGTON – Catholic Schools

School Name: **St. Raphael School** School Year: **2021-2022**

Student & Parent/Guardian Information

Student's Name: _____ Grade: _____

Last *First*

Optional: Use the lines below to include other children instead of filling out a separate form

_____ _____

Print Student's Name and Grade Level *Print Student's Name and Grade Level*

_____ _____

Print Student's Name and Grade Level *Print Student's Name and Grade Level*

Mother's Name: _____

Last *First*

Father's Name: _____

Last *First*

Parent/Guardian Acknowledgment*

I/We, the undersigned parent(s), acknowledge that I/We have received the Parent and Student Handbook for **St. Raphael School**.

I/We have read and reviewed the Parent and Student Handbook with my/our child(ren).

I/We accept and understand the policies and procedures of the school, and I/We, accept and understand that failure to adhere to these policies and procedures is sufficient reason for dismissal or non-renewal of re-registration of the child(ren) at the school.

I/We understand that if I/we have a question, concern, or issue pertaining to the policies and procedures of the school, then I/we will adhere to the following line of communication:

Student/Parent → Teacher → Principal → Pastor/Canonical Leader → Catholic Schools Office → Superintendent

I/We understand and acknowledge the Roman Catholic religious nature of the school. I/We will not publicly repudiate the teachings and traditions of the Roman Catholic Church, and I/we will respect and support the unique identity that the school derives from its Catholic faith. As the primary educator(s) of the applicant, I/We will not act in ways that contradict the Catholic nature of the school. I/we shall cooperate fully with the school and the applicant shall participate in all required school programming, including instruction in the Catholic faith and attendance at Mass. As the primary educator(s) of the applicant, we agree to act in ways that promote the best interests of the church and school and will comply with the policies of the Archdiocese of Washington and **St. Raphael School**.

Name(s) of
Parent(s)/Guardian(s): _____ _____

Mother *Father*

Signature(s): _____ _____

Sign and date *Sign and date*

*All parents/guardians with legal authority to make educational and religious decisions on behalf of the child(ren) must sign this form.