

**Diocese of Erie**  
**Catholic Mission**  
**Memorandum of Understanding**

As a parent/guardian of a student in a Catholic School, I understand, affirm and support the following:

1. The primary purpose of a Catholic school education is to form students in the values of Jesus Christ and the teachings of the Catholic Church.
2. Catholic schools are distinctive religious educational institutions operated as programs of the Catholic Church; they are not private schools but are administered and supported by the sponsoring parish(es), the diocese or religious community.
3. Attending a Catholic school is a privilege not a right.
4. While academic excellence and involvement in extracurricular activities (i.e. sports, clubs, etc.) are important, fidelity to the Catholic identity of the school is the fundamental priority.
5. The school and its administration have the responsibility to ensure that Catholic values and moral integrity permeate every facet of the school's life and activity.
6. On all questions involving faith, morals, faith teachings and Church law, the final determination rests with the diocesan Bishop.

As a parent/guardian desiring to enroll my child in a Catholic school, I accept this memorandum of understanding. I pledge support for the Catholic identity and mission of this school and, by enrolling my child, I commit myself to uphold all the principles and policies that govern a Catholic school.

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Father PRINT Name

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Father SIGNATURE

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Mother PRINT Name

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Mother SIGNATURE

---

Guardian PRINT Name

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Guardian SIGNATURE

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Student Name

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Date

**St. Gregory Parish School 2025-2026 Directory Form**  
**Please fill out this form and return to school office by August 30, 2024**

**Last Name:** \_\_\_\_\_

**Parent(s) Name(s):** \_\_\_\_\_

**Child(ren)'s Names and Level:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

\_\_\_\_\_ **OK to publish in school directory**

\_\_\_\_\_ **Please DO NOT publish in school directory**

\_\_\_\_\_ **Please publish only the information provided above.**

**Information published in the school directory is for personal use by school families and coaches only. Please, no solicitation or sharing of this listing.**

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# HEALTH ROOM EMERGENCY INFORMATION

NAME: \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ GRADE \_\_\_\_\_

Address \_\_\_\_\_ Primary Phone # \_\_\_\_\_

Health Insurance? Yes No Carrier: \_\_\_\_\_

Any Unusual Health Concerns? Yes \_\_\_ No \_\_\_ Please Specify \_\_\_\_\_

Is student up to date with immunizations? Yes \_\_\_ No \_\_\_\_\_

Students Health Care Provider: \_\_\_\_\_

Any Routine Medication? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, please list: \_\_\_\_\_

## Check all that apply

<input type="checkbox"/> Asthma, Inhaler (Y/N)	<input type="checkbox"/> Seizures	<input type="checkbox"/> Sight Impairment	<input type="checkbox"/> Arthritis
<input type="checkbox"/> Deafness	<input type="checkbox"/> Wears glasses/contacts	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Heart Problems
<input type="checkbox"/> Bee Sting Allergy (EpiPen Y/N)	<input type="checkbox"/> Surgeries, please list _____	<input type="checkbox"/> Kidney Problems	(Mild/Severe)
	<input type="checkbox"/> Other Allergy, please list _____		

Physical Handicap, please describe \_\_\_\_\_  
\_\_\_\_\_

The school has standing orders, which includes a list of approved treatments and medications recommended by our physician.

Please circle the following items that you give permission to the school nurses to administer to your student while in school:

Ibuprofen (only 6<sup>th</sup>-12<sup>th</sup> grade)

Tylenol (only 6<sup>th</sup>-12<sup>th</sup> grade)

I hereby give my permission for my child to receive a **physical exam** as per PA Public Health Code section 1402, which requires all students receive a health exam upon entry into school, in the 6th grade and again in the 11th grade years.

Signature: \_\_\_\_\_

I hereby give my permission for my child to receive a **dental exam** as per PA School Health Code section 1403, which requires all students to receive a dental exam upon entry into school, in the 3rd grade and again in the 7th grade years.

Signature: \_\_\_\_\_

I hereby give my permission for my child to have his/her back screened for **scoliosis** per PA School Health Code Chapter 23, section 10. This screening is required during the 6th and 7th grade years, which are during the period of critical developmental growth.

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**St. Gregory Parish School**  
**Acceptable Use and Internet Safety Policy - Parental Consent Agreement**  
*\*Policy is included in your 2025-2026 School Calendar*

St. Gregory Parish School has chosen to permit students access to computer and telecommunication resources to further its educational goals and objectives. Reasonable care has been taken to assure the appropriateness and educational quality of the material available through the use of educational software and telecommunications. However, parents and guardians are warned that neither the School nor the Diocese of Erie has total control of the information on the Internet. Parents and guardians are the primary authority responsible for imparting the standards of ethical and legal conduct their child or ward should follow. Therefore, we support and respect each family's right to decide whether or not their child may have access to this resource.

1. I am the parent/guardian of the below named student. I have read the Acceptable Use and Internet Safety Policy ("the policy") and I have either explained it to my child/ward (student) or I have assured myself that the student understands it. I also understand my own and the student's responsibilities regarding computer hardware, software, and Internet access at St. Gregory Parish School.

2. **Check one:**

☐ I hereby consent to the student having access to, and use of, the telecommunications resources at St. Gregory Parish School, I also hereby indemnify and hold harmless the Diocese of Erie and St. Gregory Parish School from any claim or loss resulting from any infraction by the student of the policy or any applicable law.

☐ I do not consent to the student having access to, or use of, the telecommunications resources at St. Gregory Parish School

Parent's/Guardian's Signature

Date

Name of Parent/Guardian (Please Print)

Name of Student (Please Print)

Grade

Home Street Address

City/State/Zip

Home Phone

Office Phone

**Acceptable Use and Internet Safety Policy - Student Agreement**

I have read the Acceptable Use and Internet Safety Policy. I understand its importance, and I agree to willingly follow all terms and conditions of it. I further understand that violation of this agreement would be wrong and might even be a criminal offense. Should I choose to violate this agreement, my privileges will be taken away and disciplinary action, and/or appropriate legal action may be taken.

Student Signature

Date

Name of Student (Please Print)

Grade

Name of Parent/Guardian (Please Print)

Home Street Address

City/State/Zip

Home Phone

Parent's/Guardian's Office Phone

**ONE FORM PER STUDENT DUE BY 8/29/25**

**IPad and Chromebook Contract and Rules**  
**Saint Gregory Parish School**  
**2025– 2026**

**Preschool – Grade 4 – iPad**  
**Grades 5-8 - Chromebook**

1. I will only use the iPad or Chromebook to work on assigned class work as directed by the teacher. I will not use the iPad when a teacher or another student is speaking.
2. I will not change the background or wallpaper on the iPad or Chromebook.
3. Damage to iPads or Chromebooks could result in fines, administrator action, involvement of the police, and replacement cost at \$500.
4. I will not visit any social media sites.
5. I will not use the iPad or Chromebook to access information that violates school policy and/or not school appropriate.
6. I will take proper care of the iPad or Chromebook when it is in my possession. I will not remove any iPads from the computer lab with direction from the teacher.

After reading the expectations listed above by signing this document you are agreeing to follow all of these rules. You will NOT be assigned an iPad or a Chromebook until this form is returned to St. Gregory School. Failure to follow these rules may result in iPad or Chromebook privileges for the day, week, semester, or even the rest of the year. Using iPads and Chromebooks is a privilege, not a right.

Student signature	Date
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Parent Signature	Date
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Ms. Emily O'Neil, Technology Coordinator	Date
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<b>ONE FORM PER STUDENT DUE BY 8/29/25</b>
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**Saint Gregory Parish School**  
**140 West Main Street, North East, PA 16428**  
**(814) 725-4571**

Dear Parent/Guardian:

The Secretary of Education, pursuant to Section 9-923-A of the Public School Code is authorized to purchase textbooks, instructional materials, and equipment, which may be loaned to all children residing in the Commonwealth who are enrolled in kindergarten through grade 12 in non-public and private schools. Our school is now in the process of requesting specific textbooks, materials, and equipment to be loaned to your child(ren).

In order to participate in the program, a parent/guardian of each child attending the non-public or private school must individually request a loan of textbooks, instructional materials and equipment. The enclosed individual request form fulfills that requirement. Please sign the form, date it, and return it to the school immediately.

Thank you for your continued assistance and cooperation.

Very Truly Yours,  
Maricarol Schoenfeldt, Principal

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CERTIFICATE OF INDIVIDUAL REQUEST  
FOR LOAN OF TEXTBOOKS  
AND INSTRUCTIONAL MATERIAL  
2025-2026 School Year

I hereby request the loan of textbooks, instructional materials and equipment in accordance with the Pennsylvania School Code of 1949 for my child(ren):

1. _____	2. _____
3. _____	4. _____

Attending St. Gregory Parish School.

Date: \_\_\_\_\_ (signed) \_\_\_\_\_  
(Parent or Guardian)

This Program is available only to Pennsylvania residents.

**(This form is to remain on file at the school and is to be updated annually)**  
**Please sign and return by August 29, 2025**

**St. Gregory Parish School – 140 W. Main St., North East, PA 16428**

**Authorization Form  
For Use of Child/Youth Name, Likeness, Photographic and/or Video Image**

**This authorization form shall serve as parental permission for the use of name, likeness, photographic, and/or video image of a child/youth where such permission is required.**

I grant permission to **St. Gregory Parish School** to use my child's/youth's  
☐first name only      ☐first & last name (*check only one*),  
likeness, photographic, and/or video image in the production of the following:

1. Above-named entity's official Publications, Brochures, Programs, Newsletters and other printed publications administered by the named entity.
2. Above-named entity's official Website, Facebook page, Instagram, Twitter and other social networking sites administered by the named entity.
3. Above-named entity's official postings on online video communities such as YouTube
4. [www.eriescd.org](http://www.eriescd.org) The official website of the Diocese of Erie
5. Other: North East News Journal, Erie Times News, Faith Life Magazine

I understand that if, for whatever reason, at any point in time, I decide to revoke this agreement, and I so notify the above-named entity **in writing**, all references to my child/youth (i.e.: name, likeness, photographic, and/or video image) will no longer be used. I understand that web page references and web page photographic images will be removed within thirty (30) days of the written notification. I understand that the above-named entity is not responsible for access to the internet information or downloads made by users using the web prior to this removal of web references (i.e.: name, likeness, photographic, and/or video image). I further understand that my child's/youth's name, likeness, photographic, and/or video image may continue to be used in any publications already printed or published prior to my revocation of consent provided herein.

I also understand that adult supervisors, coaches and/or activities sponsors may take photographic or video images of my child/youth during athletic, and/or program or extracurricular activities, for purposes of newsworthiness, post-secondary athletic or academic grants or scholarships, and for which I provide my consent. I understand that no financial or other compensation will be paid for any photo, video or work product used.

Additionally, other parents, adults, and third parties may attend and take photographs and/or video of public events and activities. Finally, I understand that such parties are not within the control of the above-named entity to direct or limit the use of any photographic or video image taken or obtained by them which may include images of my child/youth.

\_\_\_\_\_  
Name of Child (please print)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

**Definitions:**

**Child/Youth** – anyone under the age of 18

**Adult** – anyone who has reached the age of 18 and older

**Above-named entity/named entity** – Institution named on the Letterhead of the Authorization Form

**ONE FORM PER STUDENT DUE BY 8/29/25**

# Student Emergency Data Form

Name of Students attending St. Gregory Parish School

*list oldest to youngest*

_____	_____	_____	_____	_____
Last Name	First Name	M/F	Grade	limitations, allergies, etc.

_____	_____	_____	_____	_____
Last Name	First Name	M/F	Grade	limitations, allergies, etc.

_____	_____	_____	_____	_____
Last Name	First Name	M/F	Grade	limitations, allergies, etc.

_____	_____	_____	_____	_____
Last Name	First Name	M/F	Grade	limitations, allergies, etc.

Father's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

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

Mother's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

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

Child(ren) live with: \_\_\_\_ Both parents \_\_\_\_ Father \_\_\_\_ Mother \_\_\_\_ Grandparents \_\_\_\_ Other

In the event your child becomes ill and neither parent can be contacted, we will contact a relative or friend designated by you. Please list THREE names.

Name	Relationship	Phone #
1 <sup>st</sup> _____		
2 <sup>nd</sup> _____		
3 <sup>rd</sup> _____		

In case of a serious accident or illness, to which hospital do you want your child sent: \_\_\_\_\_

In case of a serious accident or illness, which physician do you wish called for your child:

Primary Care Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# **2025-2026 St. Gregory School Volunteer Form – Please return by 8/29/25**

Family Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Volunteer: **(please volunteer for at least 2 activities or events from any category)**

## **PTO Volunteer Opportunities**

\_\_\_\_\_ PTO Committee (Parent/Teacher Organization)

\_\_\_\_\_ Car Show (August)

\_\_\_\_\_ Fall Fest & Trunk or Treat (October)

\_\_\_\_\_ Pizza with Santa (December)

\_\_\_\_\_ \*Assist with Christmas Store (December)

\_\_\_\_\_ Easter Bunny Brunch (March)

## **School Volunteer Opportunities**

\_\_\_\_\_ \*Room Parent/ Grade: \_\_\_\_\_ (responsible for communicating with teacher or what is needed)

\_\_\_\_\_ \*Hot Lunch Team \_\_\_\_\_ Cook, Serve & clean up Taco Tuesday (once a month from 10:30-1:00)

\_\_\_\_\_ Serve & Clean up St. Joe's Prepared Lunch on Thursdays from 11:30-1:00)

\_\_\_\_\_ \*Day Camp Program—Camp Notre Dame - L2/L3 Overnight May – All School Day May

\_\_\_\_\_ Uniform Exchange (monthly cleaning and sorting)

\_\_\_\_\_ \*Sports – Cross Country, Basketball, Soccer (Coaching or assisting)

\_\_\_\_\_ \*Evirothon

\_\_\_\_\_ \*School Musical

## **School Sanctioned Fundraisers**

\_\_\_\_\_ Football Lottery & NFL Raffle - Sell tickets at church, etc. (June-August)

\_\_\_\_\_ Level 4 Back to School Carnival (September)

\_\_\_\_\_ Cash Bash

\_\_\_\_\_ Bingo (February)

\_\_\_\_\_ Crusade for Kids—Auction (April) **Required for K-8 Families**

*Please indicate which Auction Committee you would like:*

Procurement Team / Class Projects / Set Up and Decorating / Silent Auction Worker / Clean Up / Side Raffles

**\*ALL CLEARANCE AND REQUIRED FORMS MUST BE TURN IN BEFORE VOLUNTEERING**