ATTENTION PARENTS AND STUDENTS!!

PLEASE SIGN AND RETURN THE AGREEMENT, ACKNOWLEDGEMENT, AND AUTHORIZATION FORMS TO THE MAIN OFFICE NO LATER THAN WEDNESDAY, SEPTEMBER 13, 2017.

AS ALWAYS, YOUR COOPERATION IS GREATLY APPRECIATED!

SHOULD YOU HAVE ANY QUESTIONS OR CONCERNS, PLEASE CALL THE OFFICE AT 723.5307.

THANK YOU.

The Catholic Schools of the Diocese of Syracuse

Agreement for Internet Access by Students

1. I have read the document entitled “Terms and Conditions for Acceptable Use of the Internet by Students” contained in the SCCHS Parent-Student Handbook (referred to hereafter as the “Terms and Conditions”).

2. I understand and agree to abide by the Terms and Conditions. I understand and accept that I will be held accountable for consequences of any violation of the Terms and Conditions in accordance with the provisions stated in that document.

3. I understand that any access to the Internet, whether in school or through remote connections, is provided to me solely for educational purposes.

4. As a user of the Catholic School network, I agree to comply with all applicable rules of the Catholic Schools of the Diocese of Syracuse and with all state and federal laws and restrictions and to communicate over the network in a responsible manner.

__________________________________________________________________________       __________________________________________________
Student #1 -- Please print name.                                        Student #1 -- Please sign name.

__________________________________________________________________________       __________________________________________________
Student #2 -- Please print name.                                        Student #2 -- Please sign name.

__________________________________________________________________________       __________________________________________________
Student #3 -- Please print name.                                        Student #3 -- Please sign name.

As the parent/guardian of the above student(s), I grant permission for my child(ren) to access networked computer services such as electronic mail and the Internet. I understand that my child may be held liable for violations of the Terms and Conditions and/or applicable laws. I also understand that some materials on the Internet may be objectionable, but I accept responsibility to provide guidance regarding Internet use and to set and convey standards for my child(ren) to follow when selecting, sharing, or exploring information and media. As parent/guardian, I agree to discuss the appropriate use of electronic media with my child and to insure that she/he understands the Terms and Conditions. I also understand and accept that my child(ren)’s access to the Internet through facilities at the Catholic Schools of the Diocese of Syracuse may be summarily revoked in the event of a breach of the Terms and Conditions.

__________________________________________________________________________       __________________________________________________
Parent/Guardian -- Please print name.                                Parent/Guardian -- Please sign name.

Date __________________________
Acknowledgment of the Parent-Student Handbook

I/we have received a copy of the Seton Catholic Central Parent-Student Handbook for the school year of 2017-2018 and acknowledge that it is my/our responsibility to read and abide by all the rules, regulations, policies, and all other provisions of the Seton Catholic Central Parent-Student Handbook as set forth and repeated here. The parent(s) or guardian(s) signing this Acknowledgement Form, agree to observe and be bound by the terms of the Handbook, and the Handbook shall govern the duties of Seton Catholic Central and its relationship with the parent(s) or guardian(s) signing this Agreement and the enrolled student.

____________________________________________________________________________________
Student #1 -- Please print name.                                    Student #1 -- Please sign name.
____________________________________________________________________________________
Student #2 -- Please print name.                                    Student #2 -- Please sign name.
____________________________________________________________________________________
Student #3 -- Please print name.                                    Student #3 -- Please sign name.
____________________________________________________________________________________
Parent/Guardian -- Please print name.                               Parent/Guardian -- Please sign name.
____________________________________________________________________________________
Date __________________________
Talent Release Authorization

I understand that Seton Catholic Central will be publishing certain advertisements relative to the school and that a picture or other material including my child or me may be included in one or more of those advertisements. I give the school and anyone acting on its behalf permission to use any photograph, videotape, or other recording for public viewing in any print or broadcast media (e.g. radio, website, newspapers, magazines, brochures, television, etc.) or in displays. I also permit the school and anyone acting on its behalf to use any statement or part of any statement that I choose to make in any such broadcast, article, or display.

I release the school, employees, agents, and representatives from any liability arising out of the use of any such photograph, videotape, other recording or statement for public viewing in any print or broadcast media.

I agree that this release is valid for a term of ten (10) years, but may be revoked by me at any time in writing. Any such revocation will apply to the future use of any picture, film statement, of my child or me, but will not apply to any materials already produced and in use by the school. I intend the release to be binding upon me, my heirs, executors, administrators, successors and/or assigns. If I am signing this release on behalf of a minor child, I warrant that I have custody of the child and am authorized to do so and that this release shall be binding upon such child, unless otherwise revoked as stated above.

___________________________________________       __________________________________________________
Student #1 -- Please print name.                                        Student #1 -- Please sign name.

_______________________________________
Student #2 -- Please print name.                                        Student #2 -- Please sign name.

___________________________________________
Student #3 -- Please print name.                                        Student #3 -- Please sign name.

___________________________________________        __________________________________________________
Parent/Guardian -- Please print name.                                Parent/Guardian -- Please sign name.

Date ____________________________________________________________________

[1]     Except as concerns any matter for which there is a statutory or judicially recognized exception for religious institutions.

[2]     The CSO and its component schools specifically prohibit all student- employee relationships of a sexual, quasi- sexual, or romantic nature, regardless of whether they are consensual.

[3]     In all events, unless the subject of the report, a staff member receiving such a report shall notify the Principal of the school where the alleged harassment took place and that Principal shall notify the CSSHP and/or Superintendent of the matter. If the Principal is the subject of the report, the procedure stated infra shall apply.