



St. Mary's Springs Academy Emergency Information and Handbook Acceptance/ Permission Form 2022-2023

Please complete and return
this form via email to
cellestad@smsacademy.org
by August 23, 2022

Parent Name(s): _____

Student(s)

Name: _____ Name: _____

Name: _____ Name: _____

Name: _____ Name: _____

CURRENT family/student(s) - review emergency information in [Skyward Family Access](#) and revise if needed. (A [Skyward Tutorial](#) provides step-by-step instructions.)

NEW family/student(s) - provide emergency contact information *if parent/guardians cannot be reached.*

Name(s):	Contact Phone(s):	Relationship to Student(s):

SMSA Acceptance/Permission

Please check the box in each section and sign at the bottom

Student-Parent Handbook: I hereby affirm that I have received a copy and thoroughly read and support the policies stated in the St. Mary's Springs Academy Student/Parent Handbook. I understand what is expected of students as well as parents/guardians at St. Mary's Springs Academy. I have discussed expectations with my child(ren) and agree to abide by the policies listed within the [Elementary Student-Parent](#) and/or [High School Student-Parent](#) Handbooks. This includes, but is not limited to the Technology Acceptable Usage Policy/[SMSA Chromebook Contract](#) and the new [Rights and Responsibilities Covenants](#). I also understand that SMSA reserves the right to amend the handbook for just cause with proper notice given to parents/guardians if changes are made.

General Approval for Busing to Holy Family Properties: I give my general approval for my student(s) to be bused to and from St. Mary's Springs Academy and the Holy Family Parish properties for events such as field trips, Masses, and services for this school year.

Photo/Video Release: SMSA staff/faculty frequently take pictures/videos of students for the purpose of marketing school programs and illustrating educational activities. If you wish for your child(ren) to NOT be included in these pictures/videos, you must provide this request in writing to cellestad@smsacademy.org.

Authorization for Emergency Treatment:
If I cannot be reached and emergency treatment is warranted, I authorize the school to contact emergency response personnel, and if necessary, take my child to SSM Health St. Agnes Hospital for emergency treatment. It is understood that I will be responsible for medical costs incurred in the event of accidental injury.

I have read and agree to the aforementioned form.

Printed name _____ Signed _____ Date _____

Printed name _____ Signed _____ Date _____