

**Queen of All Saints School**  
**Parent/Guardian Expectation Agreement**  
**2016 - 2017**

- I will provide a phone number where I can be reached and a contact person who is available to pick up my sick child.
- It is my responsibility to call and report my child/children absent from school by 8:30 A.M. and to request any work be sent home.
- It is my responsibility to provide transportation for my child/children to and from school.
- It is my responsibility to have my child/children to school on time each day.
- I understand that if I do not have my child/children picked up from school by 3:15 P.M. they will be sent to the after school child care program, Noah's Ark, and I will be responsible for the cost of that service.
- I understand that if I want my child/children to be allowed to walk home after school, I must contact the school office prior to the end of the school day, or provide written permission to the school office.
- It is my responsibility to provide or arrange for transportation of my child/children to and from any and all extra curricular school activities and ensure that my child/children are picked up on time.
- I have read and understand the dress code policy at Queen of All Saints School and will uphold the written dress code.
- I understand that attending Mass on Tuesday and Thursday is an important part of the curriculum of Queen of All Saints School as well as any other school sponsored religious activities, and I agree to their attendance and participation.
- It is my responsibility to pay any fees or fines my child/children may incur from lost or damaged textbooks, library books or overdue charges, lost athletic uniforms, and Noah's Ark. I understand that report cards will be withheld until payment is received.

My signature below indicates that I have read and accept the requirements necessary to fulfill this Parent/Guardian Expectation Agreement.

\_\_\_\_\_

Parent Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Printed Name

**SCRIP Agreement**

\_\_\_\_\_ I do not wish to participate in the SCRIP program. I understand that non-participation will result in an additional \$400 being added to my tuition. This charge will result in an increase of \$40 in my monthly tuition.

\_\_\_\_\_ I agree to participate in the SCRIP program. I understand that my purchases of SCRIP must generate a profit of \$400 by April 30, 2017. I further understand that if my SCRIP purchases do not generate a \$400 profit I will incur an additional ACH transaction for the difference between the allotted amount and the amount of SCRIP profit generated. This additional ACH transaction will take place on Thursday, May 18, 2017. I will be notified monthly of my SCRIP profit.