



# DE LASALLE ACADEMY

OF FORT MYERS

May 16, 2018

Dear Parents,

We look forward to introducing and welcoming all the new staff members, students, and families at an all school Open House on **August 7**, at 6:30. In addition, a required Orientation for NEW families will be held on Friday, **August 3** at 6:30. We are thrilled to begin our 7<sup>th</sup> year at De LaSalle Academy with anticipation of an outstanding year for our whole school community! This mailing is full of information to help you and your child transition smoothly to the new school year at De LaSalle Academy. Please don't hesitate to call the school office if you have any questions or concerns. Summer office hours are 9:00 AM – 2:00 PM.

**SCHOOL FORMS** - Please complete and return all enclosed forms by **August 1**. For new students: Health and immunization forms and birth certificates **must** be on file by the first day of school in order to attend.

**SCHOOL CALENDAR** - The first day of school is **August 9**. We will dismiss early (**12:15**) on **August 9 and 10**. After school care is available on all early dismissal days for a fee for students who register in after care. The annual school calendar is enclosed with this mailer and updates are available on the school website. **All early dismissals are at 12:15.**

**ORIENTATION FOR NEW FAMILIES** - A required orientation will be held on **August 3** at 6:30 for families who are *brand new* to De LaSalle this year. This meeting is extremely important and is separate from the all school Open House (see below). Our experience has taught us that families transition more successfully when they are well-informed about De LaSalle's policies, procedures, and how we fulfill the school's mission. Information covered at this meeting will not be covered at Open House.

**OPEN HOUSE** – The first Parent Community Association meeting (and Open House) will take place on **August 7** at 6:30. Attendance is required for all families. We will meet in the gymnasium for a one-half hour welcome and important information session for parents and students. At 7:00, students and families will be free to visit classrooms. Students who wish to bring supplies that evening are welcome to do so. **Homeroom and classroom assignments will be provided at the Open House in the gymnasium.**

**ARRIVAL AND DISMISSAL & SCHOOL HOURS** - Before school care is available beginning at 7:00 AM. Students arriving late, after 8:10 must be accompanied by and signed in by a parent in the office. Otherwise, students may be dropped off between 8:00-8:10 in the car line. Dismissal is from 2:55-3:05. A complete diagram and description of arrival and drop off procedure will be explained at the new family orientation. Thank you for carefully following the published procedures so that all the students will be safe.

**AFTERSCHOOL CARE** - Afterschool care is available on all regular school days and early dismissal days, unless otherwise posted. Parents must register students in order to participate. Information about the program cost and hours is enclosed.

**SCHOOL SUPPLIES** - Each student is required to bring supplies at the beginning of the school year. Information about school supplies can be found on the enclosed flyer or under the "About/Parent Resources/School Supplies" tab on the school website.

**SCHOOL UNIFORMS & DRESS CODE** - The Dress Code and school uniform information can be found on the school website (Under "About/Parent Resources/Uniform and Dress Code"). Plan to purchase uniforms early as students must be in uniform on the first day of school. Please refer any questions directly to Mrs. Riti. **PE SHORTS ARE NOT REQUIRED**

FOR ANY STUDENTS. P.E. T-SHIRTS ARE REQUIRED FOR ALL STUDENTS AND SHOULD BE WORN TO SCHOOL ON PE DAYS.  
(A schedule for PE days will be provided the first week of school.)

**PARENT/STUDENT HANDBOOK** - The handbook is available on the school website. If you need a hard copy, please request one from the office. Parents and students are required to read and discuss the handbook prior to the start of the school year, **SIGN AND RETURN THE HANDBOOK ACKNOWLEDGEMENT FORM** by **August 1**.

**TUITION** - The first tuition payment is due on **August 5 or 20** if you elected to pay monthly or on **August 5** if you are paying twice per year, or in one payment. Families who elect to pay monthly **must** sign up for automatic payments by July 16, 2018 through FACTS Management at <https://online.factsmgt.com/signin/4HS12>. Please call the school office to speak with Mrs. Laverty if you have questions about tuition payments. A 2% service charge will be added for credit card payments made at the school.

**McKAY SCHOLARSHIPS** - The Florida Legislature typically adjusts funding for the McKay Scholarship Program by a small percentage each year in July. For families receiving tuition assistance, the tuition payment will remain the same and the difference in McKay funding will be reflected in an adjustment in the assistance amount. For those who do not receive assistance, there will be an adjustment in the tuition payment amount. Revised contracts will be sent to families to reflect these changes.

**GARDINER SCHOLARSHIPS** - The organizations distributing the scholarship funds do not communicate scholarship information to De LaSalle. All information must be provided through the parents to the school. Please provide your **Student ID number** and all changes to your scholarship amount to Mrs. Laverty as soon as possible to adjust your contract.

**SCHOOL LUNCH & SNACK** - Snacks will be available for purchase daily. Snack price will range from .50-.75. Snacks brought from home must be finger food, eaten without utensils. Please refer to the enclosed flyer regarding school lunch prices and menu.

**TRAVELING TO & FROM SCHOOL BY BUS OR STUDENT-DRIVEN VEHICLE** - Cape Coral, Pine Island and Naples families may opt to use the De LaSalle bus for transporting students. If you plan to sign up for bus transportation, your registration form must be received by **August 1**. Schedule and fee information is enclosed for families who reside in those areas. Students age 16+ may wish to use the LeeTran public bus system. An authorization form is required and enclosed for students 16+. Students who drive themselves must obtain a parking permit from the school office.

**VOLUNTEERS** - All adults who have not already been cleared at De LaSalle and wish to volunteer where students are present must complete a volunteer packet and undergo fingerprinting and background check. We encourage you to do this **early**. Clearances from other schools, businesses or agencies cannot be accepted, under Florida Statute. A volunteer packet is enclosed for all **new** families. Returning families who need a volunteer packet can request one from the school office.

**CONTACTING TEACHERS & THERAPISTS** - The teachers and therapists will have access to school email and voicemail as of August 2. We welcome and encourage frequent communication with your child's team members. Calls or emails will be returned no later than the next school day.

The entire De LaSalle Academy staff and I are pleased to welcome you! We look forward to partnering with you on behalf of your child. Enjoy the rest of your summer and get ready for a year filled with success!

Best wishes,  
Lori Riti

**De LaSalle Academy**  
**2018/19 SCHOOL SUPPLY LIST**

**ITEMS TO BE PURCHASED FROM THE SCHOOL IN AUGUST - \$20 is due on or before the first day of school** for the following items (Please DO NOT purchase these items in retail stores.) Students will receive these items in homeroom the first day of school.

Student Planner

Red Pocket Folder

Students in Levels A-D will also receive a supply box

Jumbo Book Covers

Pocket Folders/Dividers

**WHERE INDICATED, PLEASE BUY THE NAME BRAND**

**ITEMS TO BE PURCHASED AND BROUGHT TO THE CLASSROOM AT OPEN HOUSE OR THE FIRST DAY OF SCHOOL:**

**NOTE: ALL STUDENTS MUST HAVE A BACKPACK – no wheels permitted, plus the following items:**

- 5 dozen #2 yellow pencils, sharpened
- 1 1 ½ -2" BASIC zippered binder with pencil holder (no "giant" or double ring binders)
- 4 black & white wide-ruled marble composition books
- 1 pkg. **CRAYOLA** brand fine markers
- 2 pkg. colored pencils
- 1 pkg. highlighters - 4 pack
- 2 pkg. 24 count crayons (elementary only)
- 1 pkg. pencil cap erasers
- 1 pkg. 12 or more **SHARPIE** assorted colored markers
- 1 pkg. **EXPO** Dry Erase Colored Markers, thick, 4 or more in a pkg.
- 1 pkg. **EXPO** Dry erase, fine (elementary only)
- 1 6-pack paper towel in August (a 2<sup>nd</sup> pack will be requested in January)
- 1 large boxes tissue
- 1 pkg. baby wipes refills "Seventh Generation" or "Burt's Bees" brands (available at Walmart & Target)
- 1 anti-bacterial spray cleaner "Method," "Mrs. Meyer's Everyday Cleaner" or "Attitude" brands (available at Target & Walmart)
- 1 pkg. **MR. CLEAN MAGIC** Erasers (elementary only)
- 1 washcloth
- 1 box of giant size **BAND-AIDS** (Plain- no prints)
- 1 pkgs. 3x5" index cards and 1 pkgs. 5x7" index cards
- 1 pair **FISKARS** scissors (appropriate size for the student- elementary only)
- 12 **ELMERS** glue sticks
- 4 box Dixie cups (5 oz.)
- 1 Ziploc sandwich bags
- 1 Ziploc gallon bags

**De LaSalle Academy of Fort Myers, Inc.**  
**2018/19 EMERGENCY & MEDICAL AUTHORIZATION INFORMATION FORM**

NAME OF STUDENT: \_\_\_\_\_ D.O.B. \_\_\_\_\_

MOTHER/GUARDIAN

FATHER/GUARDIAN

Resides with       Emergency Contact

Resides with       Emergency Contact

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

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

Cell #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Work #: \_\_\_\_\_ Work #: \_\_\_\_\_

List **two** relatives or neighbors who will assure care of your child if you **cannot** be reached.

1.) Name: \_\_\_\_\_

2.) Name: \_\_\_\_\_

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

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

**MEDICAL INFORMATION:** Please list **all** medications, **all** allergies, and **all** health conditions. All medications your child routinely takes and severe allergies should be listed here. This is especially necessary in case of an emergency.


Student's Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Hospital Preference: \_\_\_\_\_ Health Insurance Co: \_\_\_\_\_ Policy #: \_\_\_\_\_

In case of illness or injury of the above student, all reasonable efforts will be made to contact the parent(s)/legal guardian(s)/emergency contact. In case of a medical emergency when these parties cannot be notified or are not available, I (we) authorize the school to consent to any x-ray examination, anesthetic, medical or surgical treatment, and/or hospital care, as determined to be necessary and appropriate by a licensed physician in the State of Florida. This authorization is valid for a period of 1 year from the date of execution.

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

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

\_\_\_\_\_  
Signature of Notary Public

**(Stamp)**

Please return form to  
the school office.

Type or Printed name.

Commission No. \_\_\_\_\_

**De LaSalle Academy of Fort Myers  
6401 Techster Blvd.  
Ft. Myers, FL 33966**

2018-2019 AUTHORIZED PICK-UP LIST

PLEASE PRINT

Student's Name \_\_\_\_\_

For your child's protection, please fill out the name of authorized persons to bring or take your child from school, other than yourself. Please inform the authorized persons to be prepared to identify themselves to our staff. Please list parent other than one signing this, if authorized to pick up.

<u>Authorized Person's Name</u>	<u>Relationship To Child</u>	<u>Authorized Person's Name</u>	<u>Relationship To Child</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

In case of a car pool arrangement, designate such on the line "Relationship", or tell us here what arrangements will be:

\_\_\_\_\_

\_\_\_\_\_

**We will release child to either parent unless we have a court order regarding custody on file. Please attach a copy.**

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

Relationship to Child: \_\_\_\_\_



**2018 - 2019**  
**Parent/Student Handbook Acknowledgment**

Dear Parent(s)/Guardian(s),

The policies stated Parent/Student Handbook are part of your contractual agreement with De LaSalle Academy. Parents are obligated to obtain a handbook and verify that they have read and discussed it with their child.

The Handbook may be found at <http://delasallefm.org/about/parent-resources/parent-student-handbook/> or parents may request a copy from the school office.

Thank you for your support and compliance.

Lori Riti,  
Principal

**Student's Name:** \_\_\_\_\_

**I have read and discussed the policies of De LaSalle Academy with my child. My child understands the policies to the best of his or her ability. We as parents or guardians understand and agree to be governed by these policies.**

Parent's/Guardian's Signature: \_\_\_\_\_

Parent's/Guardian's Printed Name: \_\_\_\_\_

Student's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## De LaSalle Academy 2018/19 DRESS CODE

*All uniform items must be purchased at: ALL UNIFORM, 12001 S. Cleveland Ave., Ft. Myers*

**Shorts and pants:** Must be khaki in color, uniform style, and must be purchased at **ALL UNIFORM**. Shorts and pants must be appropriately fitted (not loose or tight) and worn at the natural waistline without sagging. Uniforms must be worn without holes or ragged edges. All shorts must be at least middle fingertip length when arms are at the side. Capris and skorts are not permitted.

**ALL pants and shorts must be purchased at ALL UNIFORM. Pants and shorts must be loosely cut, uniform style. "Skinny" pants and skorts are not permitted. For students with special considerations due to body type or sensory issues, a written request must be submitted to the principal to request a waiver.**

**School shirts:** The uniform shirt is a short-sleeved or long-sleeved polo shirt with the DE LASALLE ACADEMY school logo, to be purchased at **ALL UNIFORM**. Shirts must be appropriately fitted. Students are permitted to wear a short-sleeved white undershirt under the uniform shirt provided that the undershirt is tucked in and the sleeves do not show. No other shirt of any type may be worn under the school uniform shirt. **SENIORS MAY CHOOSE TO USE SENIOR PRIVILEGE WHEN SELECTING SHIRTS. SENIORS SEE SEPARATE LETTER.**

**Belts:** Belts are optional. If a belt is worn it must be brown or black only, 1" width, without embellishments. The school reserves the right to require a belt when deemed necessary.

**Sweatshirts/Jackets:** Sweatshirts and jackets that are worn in class must have the school logo and be purchased through the school uniform store. **NO OTHER OUTER WEAR MAY BE WORN WHILE INSIDE THE SCHOOL BUILDING.** Jackets worn to and from school and/or during recess that do not have the school logo will be kept in the student's cubby or back pack between arrival and dismissal time.

**Sweatpants:** May be worn to and from school, but removed while in the classroom.

**Shoes:** Only **GYM** shoes or **ATHLETIC** shoes are permitted. Shoes may be any color. Shoes with flashing lights, platforms, wheelies, etc. are not permitted.

**Socks:** Socks may be any color. All students must wear socks.

**Hair and Jewelry:** A simple, non-distracting hairstyle of a child's natural hair color is required for all students. Jewelry that is not a distraction or safety concern is permitted. Jewelry may not contain inappropriate symbols that conflict with the philosophy of the school. The school is not responsible for lost jewelry if removed for any reason.

**Boys:** Hair should be neat and presentable. Long hair (beyond collar) is permitted, however the student's eyes must be visible at all times. Razor cuts, tails, mohawks, fauhawks, notched eyebrows, and other related styles are not permitted. Facial hair that is neatly trimmed is permitted for boys in **grades 9-12.**

**Girls:** Hair should be neat and presentable, and the student's eyes must be visible at all times. Girls may wear nail polish, gel nails. Acrylic nails of a safe length are permitted. Inappropriate symbols may not be painted on nails. **Girls in Grades 9-12** may wear a modest amount of make-up, as determined by administration.

**P.E. Shirts:** All students are required to have the uniform P.E. shirt. P.E. shirts are worn to school on P.E. days for all students. All P.E. T-shirts are ash colored with silk-screened school logo and must be purchased through the school uniform store.

**P.E. Shorts:** NO STUDENTS ARE REQUIRED TO WEAR P.E. SHORTS. REGULAR UNIFORM SHORTS ARE WORN.



To: De LaSalle Academy Families  
From: Bonnie Ross, Director of Operations  
Re: School Breakfast and Lunch

The De LaSalle Academy lunch program offers a variety of food choices for your child. We offer a large salad bar, a variety of fresh fruit choices and hot lunch items every day. Our prices are \$4.50 per day or \$22.50 per week. Milk and water are \$.80 a la carte. Students do not need to get the hot entrée, they are only required to take three items and one of those items would have to be a fruit or vegetable. A full meal for a student could be a large salad, fresh fruit and a milk.

We can also accommodate special dietary needs. Please call the school to discuss your child's special dietary needs at 239-245-8212.

Please fill out the 2018/19 Free and Reduced-Price School Meals Family Application form to apply for free or reduced lunch. Our records are not linked with Lee County Schools and eligibility does not carry over each year. De LaSalle is required to have a form completed every year and retained on our campus for your child to be considered for the Free and Reduced Lunch Program.

You can prepay for your child's lunch account by sending in a check made out to De LaSalle Academy or you can pay by credit card by completing the information below. Please put in the memo area of the check your child's name and the word "lunch".

Breakfast will be offered again this year. Breakfast is \$1 per student or \$5 per week. There is no charge for breakfast when students qualify for free lunch and students that qualify for reduced lunch will pay .30 per day.

We look forward to a healthy and nutritious school year!

**Credit card number:** \_\_\_\_\_ **Exp. Date:** \_\_\_\_\_

**CVC #:** \_\_\_\_\_ **Address** \_\_\_\_\_

**Zip code:** \_\_\_\_\_

**Students Name:** \_\_\_\_\_



## 2018/19 SCHOOL DIRECTORY

We are in the process of preparing a directory of the student body for the 2017-18 school year at De LaSalle Academy. The information you submit will be shared with only the families within the school, and more specifically with the room moms so that they are able to contact families within their classes for parties and teacher needs.

If you would like to be included in the directory, please provide all or part of the following information below and return it to school no later than Tuesday, August 1, 2017. We will only publish the information you authorize. If you do not want to be included in the directory, please return the form indicating you do not want to be listed. Call the school if you have questions.

Student's Name: \_\_\_\_\_

Yes, include us in the Directory     No, do not include us in the Directory

Parent/Guardian Names(s): \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Best phone contact (Mom): \_\_\_\_\_

Best phone contact (Dad): \_\_\_\_\_

Email address:

\_\_\_\_\_

**De LaSalle Academy of Fort Myers, Inc.**  
**6401 Techster Blvd.**  
**Fort Myers, FL 33966**

**AUTHORIZATION FOR RELEASE AND USE OF STUDENT IMAGE  
IN PHOTO, VIDEOTAPE OR OTHER MEDIA**

I, the undersigned parent/legal guardian of \_\_\_\_\_, a  
Student, hereby grant to De LaSalle Academy (School) the following irrevocable rights:

1. To use the name, photograph, picture, portrait, voice, appearance, likeness, performance (hereinafter collectively known as "image") of the above student in connection with its educational, promotional, fund-raising activities, or for any other legitimate purpose;
2. The right to use, reproduce, publish, exhibit, distribute, and transmit the image of my child individually or in conjunction with other images or printed matter in the production of brochures, slides, motion pictures, broadcasts (radio and television), audio or video tape, recordings, still photography, CD-ROM and any other manner of media now known or later developed;
3. The right to use reproduce, publish, exhibit, distribute, and transmit the image of my child individually or in conjunction with other images or printed matter on the school's Internet web site. No personal information such as home address or phone numbers will be published;
4. The right to record, reproduce, amplify, edit, and simulate my child's image and all sound effects produced; and
5. The right to copyright, in its own name, works that contain the image of child; and
6. The right to assign the above-mentioned rights to third parties.

I understand that the video, still photos, or other media incorporating the image of child will become the property of the school. I hereby waive the right to inspect or approve my child's image or any finished materials that incorporate said image.

I understand and agree that no compensation will be provided, now or in the future, in connection with the use of child's image, and nothing herein will create any obligation on the part of school to make use of the rights or materials set forth herein.

I hereby release and forever discharge De LaSalle Academy of Fort Myers, their agents, employees and assigns from any and all claims demand, rights, and causes of action of whatever kind that may arise from the use of child's image, including all claims for libel and invasion of privacy.

I hereby certify that I am the parent/legal guardian of the above referenced child, and I give my consent, without reservation, to the above agreement on behalf of said child, unless revoked in writing, hereafter

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

## 2018-19 De LaSalle Academy Technology Use Agreement

As a school-based computer user, I agree to the following rules and code of ethics:

1. I recognize that the purpose of school computers and electronic information services is for teaching and learning. I understand that the school owns the computers and that any information I place on the computers is subject to review by the school at any time without notice to me. I will not use the computer resources for non-academic purpose.
2. I recognize that software is protected by copyright laws; therefore, I will not make unauthorized copies of software and will not give, lend, or sell copies of software to others. I will not bring software applications, including games, from home to be used on school equipment without prior approval of appropriate school personnel.
3. I recognize that the work of others is valuable; therefore, I will protect the privacy of others by not trying to learn their password; I will not copy, change, read, or use files from another user without prior permission from that user; I will not be a party to any electronic plagiarism; I will not attempt to gain unauthorized access to system programs or computer equipment; I will not use computer systems at school or elsewhere to disturb or harass other computer users or use inappropriate language in any communications.
4. I will follow my school's procedures for information storage and understand that any information may be deleted from the systems at any time.
5. I understand that each student who receives internet access through an account will be instructed in the proper use of the network. The use of the internet must be in support of education and research consistent with the appropriate rules for the network or resource. I will not use the school system or internet for personal or commercial uses, including emails, Facebook, or Twitter.
6. As a user of the network, I will not use bulletin boards or chat lines for personal use. In addition, I will not reveal my personal information, home address, or phone numbers or those of other students, teachers, or staff. Transmission of any material in violation of any U.S. or state regulation is prohibited. This includes, but is not limited to copyrighted material, threatening or obscene material, or material protected by trade secret. The use of school computers and networking resources for commercial activities is not permitted.

Parents and students must realize that students may encounter material on a network/bulletin board that the school does not consider appropriate (vulgar jokes, statements of belief that some might consider immoral, etc.). Although filtering software may be in place, there is no guarantee that all controversial material will be blocked. It is the student's responsibility not to pursue material that the school may consider offensive.

The use of the computer is a privilege, not a right. Vandalism or intentional modification of system settings is prohibited. The undersigned below assumes financial responsibility for any damage caused by the user. The system administrators may close an account at any time as required. The administration,

faculty, and staff of the school may request the system administrator to deny, revoke, or suspend specific user privileges. Violations of the rules and code of ethics described above will be dealt with seriously, including loss of computer privileges and/or disciplinary action.

**Please review this Technology Use Agreement carefully before signing. The signatures on this document are binding. This agreement must be signed before computer use and access to the internet is given.**

**User**

As a student, I understand and will abide by the Technology Use Agreement. I further understand that any violation of these regulations is unethical and may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked, school disciplinary action may be taken, and/or appropriate legal action initiated.

User's name (please print): \_\_\_\_\_

User's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Parent or Guardian**

As the parent or guardian of this student, I have read the Technology Use Agreement. I understand that this access is designed for educational purposes. I am aware that it is impossible for the school to restrict access to all controversial materials, and I will not hold them responsible for materials acquired in use or any injury to my child as a result of its acquisition. Further, I accept full responsibility for supervision if and when my child's use of the school technology resources (e.g. laptop computer) is not in a school setting.

Parent or Guardian's name (please print): \_\_\_\_\_

Parent or Guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**De LaSalle Academy**  
**BEFORE AND AFTER-SCHOOL PROGRAM**

Dear Parents,

Thank you for the opportunity to share a wonderful experience with your child through the De LaSalle Academy Before and After-School program. The goal of our program is to provide homework support and activities to promote overall development. This letter is intended to communicate the goals, policies, and procedures of the program.

Please return the registration form to De LaSalle Academy, 6401 Techster Blvd, Ft. Myers, FL 33966, ATTN: Sarah Barrow, **by August 1, 2018**. If you have any questions, please feel free to call the school office at (239) 245-8212.

**Communicating an Emergency:** In an emergency, staff will attempt to contact the participant's parent or guardian. If the parent or guardian is unavailable, we will attempt to notify the emergency contacts listed on your child's Emergency Information Form. De LaSalle Academy will take necessary actions in the child's best interest until the parent, guardian or emergency contact has been reached.

**Safety Policy:** During any unforeseen crisis, such as natural disaster or similar events, De LaSalle Academy After-School Program will cease regular activities. Program staff will evacuate the premises if necessary. Parents will be contacted if the children are to be released early from the program and will notify the proper authorities in the event of any emergency. The De LaSalle Academy After-School Program will follow the school's Critical Incident Response Plan (CIRP). The CIRP is available for your review. If you would like to see it please ask the Administration.

**Contact Information:** The De LaSalle Academy After-School Program number is (239) 770-1430.

**Registration Fee:** A non-refundable fee of \$10 per child is required at the time of registration. The fee covers registration for both the before and after-school programs.

**Transportation:** Trips and Special Activities will be planned on select Early Dismissal Days. Transportation for these activities will be available via Lee Tran Public Transportation or De LaSalle Academy bus.

**Discipline:** All school discipline policies in the Parent/Student Handbook apply to the Before and After-School program.

**Technology:** Cameras, tablets, iPods, MP3s, CDs, headphones, hand-held electronic games, and other electronic devices are not to be brought to school. Phones must be "parked" with school personnel.

**Before-School Policies and Procedures**

**I. Check-In Procedure:** Children arrive through Door #6.

**II. Breakfast:** Breakfast is available for \$1.00 for full pay students. Students that qualify for free or reduced lunch will qualify for free breakfast or a reduced rate.

**III. Hours:** The Program will operate from 7:00 AM to 8:00 AM and will run during school days only.

**IV. Payment:** Registration fee must be paid in advance.

**After-School/Early Dismissal Policies and Procedures**

**I. Check-In Procedure:** Children arrive and attendance is taken.

**II. Hours:** The Program will operate from 3:00 PM to 6:00 PM during school days only. The After-School Program will be available for all participants on posted early dismissal days. On early dismissal days the program will be available from 12:15 to 6:00 PM.

**III. Snacks:** The After-School Program will provide a snack for each child. If your child has a dietary restriction, please provide a snack and drink.

**IV. Homework:** Homework time will be provided after school in a quiet environment. Children in the program are encouraged to use this time to complete their assignments. If there is no homework to do, quiet reading time is encouraged. While individual tutoring is not available as part of the after-school program, the staff will make every effort to work with students who may need assistance.

**V. Trips/Special Activities:** Trips and Special Activities will be planned on select Early Dismissal Days. The \$15 daily rate applies and most activities will include an additional cost. **Activity costs must be paid in advance or students will not be permitted to attend the trip.**

**VI. Pick-Up:**

A) Parent/Guardian must pick up students in person from the After-School program, located in the Media Center. Please enter the campus via building "B" gate.

B) Parent, guardian or other authorized adult must sign-out the child on the sign out sheet.

C) Children will be released only to parents or to others authorized by parents. For the protection of your child, if he/she is to go home after school with someone other than the usual person, we must have written, signed, and dated notification from the parent. This notification may be faxed or scanned/emailed to the school or sent as hard copy. Phone calls will not be accepted. The child should know of these arrangements in advance and photo identification is required. **Children will be released to either parent unless a court order is on file denying such rights to one or more of the parents.**

**VII. Late Pick-Up/No Pick-Up:** The latest pick-up time is 6:00 PM. There is a late fee of \$1.00 per minute thereafter, payable in cash when the child is picked up. If a child has not been picked up by 6 PM and the After-School Staff has not been notified by the parent, the After-School Program staff will attempt to contact the parent(s). If the parent(s) are unreachable, the emergency contacts will then be called. If no one can be reached, and the After-School Program Staff still has not been notified of a late pick up, Administration will be called for further instructions.

**VIII. Payment:** Fees must be paid in advance. Students with unpaid fees will not be permitted to participate.

**One Time Registration Fee**

(covers Before School/After School/Early Dismissal Programs): \$10.00

**Before School Program Weekly Fee: Free**

**After-School Program Fees:**

Daily Date (1, 2, or 3 days) \$15 per day

Weekly rate (4 or 5 days) \$60 for the week

**Early Dismissal Program Fee: \$15 (daily rate) plus activity costs**

We look forward to providing a safe and happy after school environment for your child. Please contact us if you have any questions.

Sincerely,  
Sarah Barrow  
Assistant Principal

**De LaSalle Academy**  
**BEFORE AND AFTER-SCHOOL PROGRAMS**  
**2018-19 Registration Form**

Participant Name(s) \_\_\_\_\_

Parent Name \_\_\_\_\_

Contact Number (work) \_\_\_\_\_ (cell) \_\_\_\_\_ (home) \_\_\_\_\_

Pediatrician: \_\_\_\_\_ Phone # \_\_\_\_\_

Allergies, medications, other concerns: \_\_\_\_\_

Please register my child(ren) to participate in the De LaSalle Academy Before or After-School Program as follows:

\_\_\_\_\_ Before-School      \_\_\_\_\_ After-School      \_\_\_\_\_ Early Dismissal Days

I agree to pay the fees for the above program participation *in advance*. (See fees in Program Letter.) Students with unpaid fees will not be permitted to participate.

**Parent/Guardian Consent and Agreement**

I am requesting that the above child(ren) be admitted to the De LaSalle Academy Before and After-School Program and I understand the nature and scope of the program listed above. I will adhere to all policies and procedures of the program. In the event that I or my other designated emergency contacts listed on the Emergency Information Form cannot be reached in an emergency involving the above-named participant(s), I hereby give permission to the appropriate medical personnel, selected by the Administration, to provide medical treatment deemed necessary by such personnel as outlined in the Medical Authorization for Minor form provided to the school. In consideration of the participant(s) being permitted to enroll in the program, I hereby release, indemnify, and hold harmless De LaSalle Academy and the De LaSalle Academy Before and After-School Program, its employees, operators, counselors, and instructors from any and all claims and demands, costs, charges, and expenses for harm, injury, damage, or loss which may be sustained by the participant(s) as a result of or relating to participation in Before and After-School Program.

**I HAVE READ, AND I UNDERSTAND, THE ABOVE LIABILITY RELEASE.**

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT/GUARDIAN – PRINTED NAME

Make checks payable to De LaSalle Academy OR

Credit Card No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

CVC No. \_\_\_\_\_ Address: \_\_\_\_\_

Zip Code: \_\_\_\_\_

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Rick Scott**  
Governor

**Celeste Philip, MD, MPH**  
State Surgeon General

**Vision:** To be the Healthiest State in the Nation

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**2018-2019**  
**MEDICAL EXAMINATION AND IMMUNIZATION NOTICE**

Student Health Records are checked periodically by the Florida Department of Health. Students who do not have the required health records on file are subject to being asked to withdraw from school until such records are obtained. The following are required by Florida law to be on file in the school office prior to attendance.

**Pre-Kindergarten, Kindergarten and all students entering from out of State**

**Florida Certificate of Immunization** (Form 680) - Florida Statute 1003.22 requires a Florida Certificate of Immunization upon entrance to school; therefore, the school board policy must require a Florida Certificate of Immunization of all new students before entering school. These certificates may be obtained from a private doctor or the Florida Department of Health (Lee County office 239-332-9501). Religious Exemption forms may only be issued and obtained from County Health Departments.

**School Entry Health Exam** (Form 3040) - Florida Statute 1003.22 requires a school entry health examination upon initial entrance to a Florida school completed within one (1) year prior to enrollment.

**Transferring Students within the State of Florida (Pre-Kindergarten through Grade 12)**

**Florida Certificate of Immunization** (Form 680) - Florida Statute 1003.22 requires a Florida Certificate of Immunization upon entrance to school; therefore, the school board policy must require a Florida Certificate of Immunization of all new students before starting school. These certificates may be obtained from a private doctor or the Florida Department of Health (Lee County Office 239-332-9501). These records may be obtained from your previous school.

**School Entry Health Exam** (Form 3040) - Florida Statute 1003.22 requires a school entry health examination upon initial entrance to a Florida school completed within one (1) year prior to enrollment. These records may be obtained from your previous school.

**Routine Immunization requirements for Kindergarten through Grade 12 include:**

- DTaP** - Four or five doses (age appropriate) of diphtheria, tetanus and pertussis vaccine
- IPV** - Three, four or five doses (age appropriate) of polio vaccine (final dose of polio must be age 4 or later)
- MMR** - Two doses of measles, mumps and rubella vaccine (MMR)
- HBV** - Three doses of Hepatitis B vaccine
- VZV** - Two doses of Varicella Vaccine, **Kg through 10<sup>th</sup> grade,**  
**One dose grades 11 through 12 or physician documented disease**

**ADDITIONAL IMMUNIZATION REQUIREMENTS FOR 7<sup>th</sup> GRADE 2018-2019**

**Tdap** - One dose of Tetanus-diphtheria-pertussis vaccine grades 7 through 12 in addition to above requirements

Revised 2/18 PF



# Florida School Entry Health Requirements

- **School Entry Health Examination (School Physical) Form DH 3040**  
(Physical Examination dated within 12 months prior to registration)
- **Florida Certificate of Immunization (Immunization Record) Form DH 680**  
(Must be used to document immunizations required for entry and attendance in Florida Schools)

## Immunization Requirements for School Entry

### 2018– 2019 School Year

#### Pre-K through 6<sup>th</sup> grade

- **5 DTP/DTaP**  
(Diphtheria/Tetanus/Pertussis)
- **4 Polio\***
- **2 MMR**  
(Measles, Mumps, Rubella)
- **3 Hep B** (Hepatitis B)
- **2 Varicella** (Chicken Pox)\*\*

\* KG only, final dose of Polio must be on or after 4<sup>th</sup> Birthday. If 4<sup>th</sup> dose administered prior to 4<sup>th</sup> Birthday, 5<sup>th</sup> dose required for KG entry.

\*\* VARICELLA vaccine not required if history of disease (year) documented by healthcare provider.

#### Grades 7<sup>th</sup> through 12<sup>th</sup>

- **5 DTP/DTaP**  
(Diphtheria/Tetanus/Pertussis)
- **4 Polio**
- **2 MMR**  
(Measles, Mumps, Rubella)
- **3 Hep B** (Hepatitis B)
- **1 or 2 Varicella<sup>o</sup>** (Chicken Pox)\*\*
- **Tdap 1 dose**  
(Tetanus/Diphtheria/Pertussis)

<sup>o</sup>One Varicella dose required for attendance grades 10 thru 12 however, 2 doses recommended by ACIP.

2 Varicella doses required for KG- 10<sup>th</sup> grade attendance.

\*\* VARICELLA vaccine not required if history of disease (year) documented by healthcare provider.

### **Please contact your Primary Care Physician for a School Entry Health Examination and required Immunizations.**

The Florida Department of Health in Lee County will provide immunizations only, free of charge at this location:

**DOH-Lee Michigan Avenue Clinic**  
3920 Michigan Avenue  
Fort Myers, FL 33916  
TEL (239) 461-6100 FAX (239) 332-9517

**Please call 239-461-6100 for an appointment.**

If you need an **immunization record only** you may walk in during the following hours:

Monday-Thursday  
8:00 a.m.-12:00 p.m.  
1:30 p.m.-3:30 p.m.

Friday-Closed in the morning  
1:00 p.m.-3:30 p.m.

For more information concerning school **immunization requirements**, please contact the Immunizations department at the Florida Department of Health in Lee County at 239-461-6100.

For additional information concerning Florida **school health entry requirements** including immunizations and school physicals, please visit <http://www.floridahealth.gov/healthy-people-and-families/childrens-health/school-health/enrollment.html>



**School Health Services  
2018/19 Physician's Permission for Medication**

Date \_\_\_\_\_

Dear Dr. \_\_\_\_\_

According to our records, \_\_\_\_\_ who attends De LaSalle Academy, is required to take medication. Florida Statute 1006.062 requires written parental permission for a student to take medication during the school day. **Whenever possible, medications should be scheduled outside school hours. Only medications ordered by a physician or dentist may be administered in School.**

Your written permission is needed when:

1. Prescribed medication is to be taken for longer than two weeks.
2. Any over-the-counter medications including aspirin and cough drops or syrups are prescribed.
3. Medications with increasing or decreasing dosages that are part of the therapeutic plan. Please be specific with dates, parameters, etc. please use additional sheets if needed.

We appreciate your cooperation with this request.

Medication	Time of day to be taken	Amount/Number to be taken	Duration of Medication. Beginning & Ending Dates where applicable

Diagnosis: \_\_\_\_\_

Are there any reactions that may occur which you would like to have report to you?  
\_\_\_\_\_

Date: \_\_\_\_\_ Physician's Signature: \_\_\_\_\_

Physician's Phone: \_\_\_\_\_ Physician's fax: \_\_\_\_\_

**Please mail or fax the form to: De LaSalle Academy  
Address: 6401 Techster Blvd, Fort Myers, FL 33966**

**Fax number: 239-245-7951**

By: \_\_\_\_\_  
Date



**School Health Services**

**2018/19 Parent Consent for Medication**

Dear Parent/Guardian,

Florida Statute 1006.062 requires written consent for a student to take medication during the school day. Please refer to the Parent/Student Handbook.

My consent is granted for personnel of De LaSalle Academy to administer the following medication for my student, (student's name) \_\_\_\_\_.

I give my consent for the school nurse to contact the physician or his/her designee to exchange information concerning the purpose, dosage, and effects of this medication

\_\_\_\_\_  
Parent or Guardian Signature \_\_\_\_\_  
Date  
EMERGENCY PHONE NUMBERS: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Medication	Time of day to be taken	Amount/Number to be taken	Duration of Medication. Beginning & Ending Dates where applicable

Diagnosis: \_\_\_\_\_

Ordered by: \_\_\_\_\_ Physician's name  
Physician's Phone \_\_\_\_\_

Reactions to watch for: \_\_\_\_\_

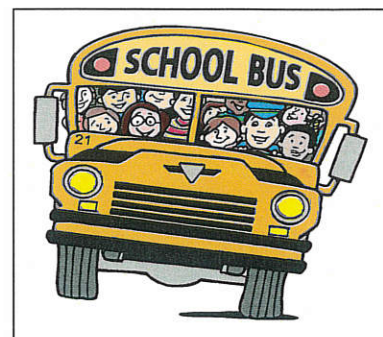
Please explain the necessity for this medication to be provided during the school day:

It is necessary for this medication to be provided when the student is away from school property on official business  Yes  No

The student may take this medication for up two weeks. If the medicine is needed for a longer period of time a statement from the physician is required on the form provided by the school (MIS 401). Return Physician Permission by: \_\_\_\_\_(Date)

Parents are requested to pick up any leftover medication within one week after the course of medication is over. Medicines left after this time will be discarded.

**BUS SERVICE OPTION FOR CAPE CORAL & PINE ISLAND FAMILIES!**



De LaSalle Academy is offering two locations for pick up and drop off.

The **first** location is SW 31<sup>st</sup> Place and Ceitus Parkway. Pick up time is 7:00 am and drop off is 3:35 pm. (Early dismissal drop off time is 12:50 pm.)

The **second** location is the corner of SE 15<sup>th</sup> Avenue and SE 25<sup>th</sup> Lane. Pick up time is 7:15 am and drop off is 3:55 pm. (Early dismissal drop time is 1:10 pm.)

The cost for the bus service is \$35 per week for 36 weeks of school. The total cost for the school year is \$1,260. You may choose one of the following payment options:

1. Pay the entire amount at the beginning of the school year, due August 31, 2018.
2. Make ten monthly payments of \$126 (August-May) using the FACTS Payment System. The monthly payment will be automatically deducted from your bank account. Sign up at <https://online.factsmgt.com/signin/4HS12>
3. Provide the school office with an active credit card for 10 monthly payments (August-May) of \$126 to be charged to your card.

If only one way transportation is required, the fee is \$63 per month.

**PLEASE RETURN THE BOTTOM PORTION OF THIS FORM TO THE SCHOOL BY AUGUST 1, 2018**

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**Cape Coral Bus Student Name:** \_\_\_\_\_

**Pick up location:** \_\_\_\_\_

**Drop off location:** \_\_\_\_\_

**Payment Options, check one:**

\_\_\_\_\_ **Full Payment due August 30, 2018**

\_\_\_\_\_ **10 monthly payments, Aug.-May,  
deducted from your bank account using FACTS**

\_\_\_\_\_ **10 monthly credit card payments, August - May:**

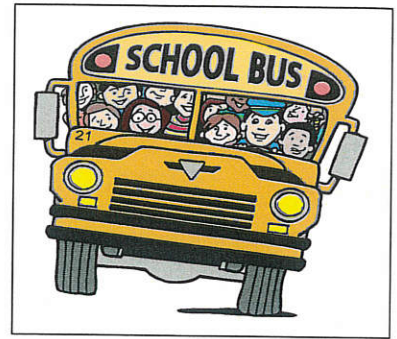
**Credit card number:** \_\_\_\_\_ **Exp. date:** \_\_\_\_\_

**CVC #:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Zip code:** \_\_\_\_\_

***Make checks payable to De LaSalle Academy***

## BUS SERVICE OPTION FOR NAPLES FAMILIES!



De LaSalle Academy is offering three locations for pick up and drop off.

The **first** location is Pine Ridge Rd. and Whippoorwill Lane by Suncoast Credit Union. Pick up time is 7:00 am and drop off is 3:30 pm. (Early dismissal drop off time is 12:45 pm.)

The **second** location is off Immokalee Rd., east of I-75 at Hodges University. Make a left onto Northbrooke Drive, make a left into the college, make first left into parking area and the bus will arrive on the right. Pick up time is 7:15 am and drop off is 3:45 pm. (Early dismissal drop-off time is 1:00 pm.)

The **third** location is Bonita Beach Rd. and I-75 at the Publix shopping plaza by the dry cleaners parking lot. Pick up time is 7:25 am and drop off is 3:55 pm. (Early dismissal drop-off time is 1:10 pm.)

The cost for the bus service is \$45 per week for 36 weeks of school. The total cost for the school year is \$1,620. You may choose one of the following payment options:

1. Pay the entire amount at the beginning of the school year, due August 31, 2018.
2. Make ten monthly payment of \$162 (August-May) using the FACTS Payment System. The monthly payment will be automatically deducted from your bank account. Sign up at <https://online.factsmgt.com/signin/4HS12>
3. Provide the school office with an active credit card for 10 monthly payments (August-May) of \$162 to be charged to your card.

If one-way transportation is required, the fee is \$81 per month.

**PLEASE RETURN THE BOTTOM PORTION OF THIS FORM TO THE SCHOOL BY AUGUST 1, 2018**

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Naples Bus Student Name: \_\_\_\_\_

Drop-off location: \_\_\_\_\_

Drop-off location: \_\_\_\_\_

**Payment Options, check one:**

\_\_\_\_\_ Full Payment due August 30, 2018

\_\_\_\_\_ 10 monthly payments, Aug.-May,  
deducted from your bank account using FACTS

\_\_\_\_\_ 10 monthly credit card payments, August - May:

Credit card number: \_\_\_\_\_ Exp. date: \_\_\_\_\_

CVC #: \_\_\_\_\_ Address: \_\_\_\_\_

Zip code: \_\_\_\_\_

*Make checks payable to De LaSalle Academy*



## 2018-2019 AUTHORIZATION TO DEPART FROM SCHOOL VIA PUBLIC TRANSIT BUS

Students age 16 and older may be given permission to travel to and from school via Lee Tran public bus transportation **upon the parent's submission of this signed form**. No student will be permitted to travel by Lee Tran bus unattended without submission of this original form. No handwritten, faxed, emailed or phoned-in forms or requests will be accepted.

Date: \_\_\_\_\_

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

My child, named above, has my permission to be dismissed from the campus of De LaSalle Academy at the posted dismissal time, walk to the bus stop, and take the bus to a destination that my child and I agree upon. I understand my child will not be supervised by school personnel once dismissed from the campus.

This permission is granted as follows (*check one*):

- OPTION 1:** My child may take the bus on **any** school day. No further written notice will be provided to school personnel regarding this permission. The school will assume that the student may ride the bus on any given day unless notified in writing by the parent.
- OPTION 2:** My child may take the bus **only** on days when I provide advance notice in writing. On all other days my child will travel with me or my designee.

By signing below, I assume all responsibility for my child's bus travel from the time of dismissal from school.

Name of Parent (print): \_\_\_\_\_

Signature of Parent: \_\_\_\_\_

### **Note to Parent:**

Students will not be permitted to ride public transportation without this form on file, plus the additional written permission if choosing OPTION 2. High school students are expected to know what mode of transportation they are taking from school each day and to have the necessary funds for travel. Students who do not have bus fare or the necessary permission on file as described above will not be permitted to walk to the bus station and will instead be sent to the after-school program for parent pick up. If at any time the parent wishes to terminate this permission, it is necessary to provide the school with written notice.