



# SAINT GABRIEL SCHOOL

2550 FORTY FIRST AVENUE  
SAN FRANCISCO, CALIFORNIA 94116  
415 566-0314

August 20, 2015

Dear Parents:

Welcome back, and welcome to our new families! Listed below are the forms being sent home today. These forms need to be completed and returned by **Monday, August 24, 2015.**

1. Universal Medical Information/Emergency Contacts

This is a two-sided form. **One form for each student.** Both sides must be filled out and signed by a parent. It is important that we are able to read the information on this form. For this reason, I am asking you to please print legibly when completing the form.

There must be at least two (2) emergency contacts other than the parents. Emergency contacts must be 18 years or older. Forms missing this information and a signature will be returned to the parents.

2. Medical Release and Consent to Treatment

This is a two-sided form. One form for each student. Please sign and return.

3. General Terms of Parental Consent

One form for each student. Please sign and return.

4. Ethnic Survey

This information is used for reports to the SFUSD and the Archdiocese. **One form for each student.**

5. Auto Insurance Form

One for each student. Parents interested in driving for field trips must complete this form and return it with a copy of their drivers license. Completed forms will remain on file in the office for the school year.

6. Homework Policy

One for each student. Please review this policy with your student(s). This form is to be signed by both the student and parent.

7. Playground Contract

One for each student. Please review these policies with your student(s). This form is to be signed by both the student and parent.

8. Learning Support Program Form

One for each student. Please sign and return.

9. Children with Disabilities Release Form

One for each student.

Thank you for your cooperation. Please feel free to call if you have any questions.

Sincerely,

A handwritten signature in cursive script that reads "Gina Beal". The signature is written in black ink and has a long, sweeping tail that extends to the right.

Mrs. Gina Beal  
Principal

GB:bd

Att.

**UNIVERSAL MEDICAL INFORMATION/ EMERGENCY CONTACT  
RELEASE AND CONSENT FORM**

School: \_\_\_\_\_ School Year: **2015-2016**

**SEX:** \_\_\_\_\_

Name of Student (Last, First, Middle) \_\_\_\_\_

Grade: \_\_\_\_\_ Teacher Name: \_\_\_\_\_

Student Address:

Street \_\_\_\_\_ Apartment \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone: (\_\_\_\_) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Siblings at school:**

Name	Grade	Teacher
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**Student lives with (check all that apply):**

Mother

Father

Guardian(s) (specify): \_\_\_\_\_

**Father's**  **Legal Guardian's Information:**

Name (Last, First) \_\_\_\_\_

Work Address:

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Address (If Different from child's):

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (If Different from child's): (\_\_\_\_) \_\_\_\_\_ Email address: \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone Carrier: \_\_\_\_\_

**Mother's**  **Joint Legal Guardian's Information:**

Name (Last, First) \_\_\_\_\_

Work Address:

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Address (If Different from child's):

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (If Different from child's): (\_\_\_\_) \_\_\_\_\_ Email address: \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone Carrier: \_\_\_\_\_

**UNIVERSAL MEDICAL INFORMATION/ EMERGENCY CONTACT  
RELEASE AND CONSENT FORM**

There must be at least two (2) emergency contacts. Contacts are not to be the parents.

Emergency Contacts:  
Name and Address

Telephone Number(s)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**Student Medical Information:**

Primary Physician:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone

Emergency Physician:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone

Medical Conditions: (e.g., diabetes, epilepsy, heart conditions, etc.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Disabilities: \_\_\_\_\_

Allergies: (e.g., hay fever, strawberries, peanuts, etc.) \_\_\_\_\_  
\_\_\_\_\_

Medications: \_\_\_\_\_

Allergies to Medications: \_\_\_\_\_

Medicines to be Self-Administered by the Child (See Below) (A Physician's Statement MUST be on File):  
\_\_\_\_\_

Dosage: \_\_\_\_\_

Frequency: \_\_\_\_\_

Medicines to be Administered by the School (IF parents/guardians and school both agree that school shall do so;  
see below): \_\_\_\_\_  
\_\_\_\_\_

Dosage: \_\_\_\_\_

Frequency: \_\_\_\_\_

DATE: \_\_\_\_\_

SIGNED: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

RELATIONSHIP TO CHILD: \_\_\_\_\_

Updated 2/17/12

**MEDICAL RELEASE AND  
CONSENT TO TREATMENT OF CHILD**

I am a parent or legal guardian of [INSERT NAME OF CHILD]  
\_\_\_\_\_, ("my child") who is a student at [INSERT NAME  
OF SCHOOL] St. Gabriel School. I have read, understood  
and consent to the following concerning my child:

**1. First-Aid/Emergency Treatment:** Without limiting other emergency powers that may be provided by law, I authorize school personnel to administer first aid to my child if the school administration deems it necessary and appropriate to preserve the life, limb or well-being of my child. If the school administration believes, in its sole discretion, that a medical necessity exists beyond that which can reasonably be dealt with on school grounds by school personnel, I authorize the school to contact and engage qualified medical personnel and arrange for emergency treatment of my child, including transportation either by school staff or by professional transport for medical, dental, surgical or hospital care or diagnosis, and I consent to that treatment for my child. Arrangements for treatment will be made in the following order of priority: 1) The "emergency physician" listed above; 2) the "primary physician" listed above; 3) another physician or health-care professional licensed by the State of California. I understand and agree that I will be financially responsible for any such medical treatment.

**2. Medical Supervision/Administration of Medicines:** I understand that the school is not legally obligated to store or administer medication for students and will not do so, either on a temporary or ongoing basis, except by special agreement. If I have indicated, by signing this consent below, that the school may administer medications to my child, and if the school has agreed to administer medications by signing this consent below, I authorize the school to administer the medicines listed on this form, as indicated, but recognize that the school does not thereby undertake any ongoing duty to administer drugs or medicine, or to supervise or participate in any self-medication or medical program or ongoing, routine or non-emergency needs of my child, all of which remain my responsibility. Before any medication is given by the school, I will provide those medications in their original pharmacy containers, with the child's name and doctor's instructions on the label, and I will provide a written, signed authorization from a physician, including complete instructions.

**3. Release of Student to Qualified Emergency/Medical Personnel and Third Parties:** Without limiting other emergency powers as may be allowed by law, in the event of disaster or medical necessity involving the life, limb or well-being of my child in which it is necessary in the opinion of the school administration to transport my child from school property, or if it is necessary to evacuate the school grounds, the school will make a reasonable effort (in view of the nature of the necessity) to first contact a parent or legal guardian. If no parent/legal guardian is available, I authorize the school to release my child into the custody of third parties for the purpose of transporting my child from school grounds and arranging for such care as my child may need, in the following order of priority: 1) the persons listed above as emergency contacts; 2) qualified medical/emergency professionals; 3) another responsible adult.

**4. Gathering, Use and Release of Medical Information:** Without limiting other emergency powers that may be provided by law, in the event of disaster or medical emergency, I specifically authorize the gathering, use and release to, from, and among the school personnel and to, from and among any medical professionals, of any medical information reasonably necessary to provide emergency medical care and otherwise ensure the life, limb and well-being of my child, including without limitation, the information contained in this form, until I can reasonably be notified and take custody of my child. I understand that this information will be requested,

*Updated 5/9/03*

**MEDICAL RELEASE AND  
CONSENT TO TREATMENT OF CHILD**

gathered and/or released only for the purpose of providing first-aid or emergency medical care necessary in the absence of a parent or legal guardian, or as otherwise allowed by law.

**5. School Athletics:** As a condition of participating in school athletics, the school reserves the right to obtain medical information regarding any physical or emotional condition or injury that pertains to my child's ability to participate safely and constructively in school sports, and to require a written medical clearance at any time before my child may participate in, or return to participation in, school sports activities during the school year. This information will be used solely for the purpose of evaluating my child's ability to participate in school sports activities and will not be obtained by or disseminated to any third parties, except the school's coaches, administrators, trainers and athletic staff, and only for these purposes or as otherwise allowed by law

**NOTE: ALL MEDICINES TO BE TAKEN ON SCHOOL GROUNDS, WHETHER SELF-ADMINISTERED OR ADMINISTERED BY THE SCHOOL (IF SCHOOL AGREES TO DO SO), MUST BE ARRANGED FOR IN ADVANCE, AND MUST BE PROVIDED IN THEIR ORIGINAL PHARMACY CONTAINER, INCLUDING THE CHILD'S NAME AND DOCTOR'S INSTRUCTIONS.**

**THE SCHOOL WILL NOT ADMINISTER MEDICINES UNLESS A PHYSICIAN'S WRITTEN AND SIGNED AUTHORIZATION, INCLUDING COMPLETE INSTRUCTIONS, IS ATTACHED TO THIS FORM**

In consideration of the arrangement indicated in this consent, the undersigned hereby releases and discharges the Archdiocese of San Francisco, its constituent organizations, including but not limited to The Roman Catholic Welfare Corporation, the Department of Catholic Schools and the school, and their respective officers, agents and employees for any and all claims for personal injuries or property damage that I or my child may suffer as a result of this arrangement whether or not such injuries or damages be caused by the negligence (whether active or passive) of any of the entities or individuals named or described above, excepting only injuries or damage resulting from Archdiocese's willful misconduct. I authorize and request the school to administer the above medications to my child on these terms.

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Signature of Parent/Legal Guardian

On behalf of the School, I agree to supervise administration of the above medications, consistent with the terms contained herein.

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Signature of School Principal

**GENERAL TERMS OF PARENTAL CONSENT****1. General Terms of Parental Consent:**

**CONFIDENTIAL MEDICAL OR EDUCATIONAL INFORMATION AS SET FORTH IN THIS FORM WILL BE GATHERED, USED AND DISSEMINATED ONLY BY THE PERSONS AND ONLY FOR THE PURPOSES SET FORTH HEREIN, OR AS OTHERWISE ALLOWED BY LAW.**

**THIS AUTHORIZATION IS EFFECTIVE ONLY FOR THE SCHOOL YEAR LISTED ABOVE, AND WILL EXPIRE ON JUNE 15, 2016. IT MAY BE REVOKED AT ANY TIME BY A WRITING SIGNED BY THE PARENTS. HOWEVER, IF REVOKED, THE SCHOOL RESERVES THE RIGHT TO SUSPEND OR TERMINATE THE ATTENDANCE OF THE CHILD AT THE SCHOOL.**

**I AGREE TO AND CONSENT TO THE ACTIONS SET FORTH HEREIN AND HEREBY GRANT AUTHORIZATION OF THE SCHOOL TO OBTAIN AND USE MEDICAL INFORMATION AND RECORDS BY THE PERSONS, FOR THE PURPOSES, AND DURING THE TIME SET FORTH ABOVE.**

**I UNDERSTAND THAT I HAVE A RIGHT TO RECEIVE A TRUE COPY OF THIS AUTHORIZATION. BY MY SIGNATURE, I ACKNOWLEDGE THAT A TRUE COPY OF THIS AUTHORIZATION HAS BEEN RECEIVED BY ME.**

**DATED:** \_\_\_\_\_

**Signed:** \_\_\_\_\_

**Print name:** \_\_\_\_\_

**Relationship to child:** \_\_\_\_\_

ETHNIC SURVEY

STUDENT'S NAME \_\_\_\_\_ GRADE \_\_\_\_\_ BOY \_\_\_\_\_ GIRL \_\_\_\_\_

BIRTHDATE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

CITIZENSHIP: \_\_\_\_\_ 1. NATIVE BORN 2. NATURALIZED 3. NON U.S.

ETHNIC CODE: \_\_\_\_\_  
1. AMERICAN INDIAN/ALASKAN 2. CHINESE 3. JAPANESE  
4. FILIPINO 5. INDO-CHINESE (Vietnamese, Cambodian, etc.)  
6. AFRICAN AMERICAN 7. HISPANIC 8. WHITE  
9. KOREAN 10. NATIVE HAWAIIAN OR OTHER PACIFIC  
ISLANDER 11. MULTI-RACIAL

ENGLISH SPEAKING LEVEL: \_\_\_\_\_

1. ENGLISH SPEAKER 2. BI-LINGUAL SPEAKER 3. \* NON-ENGLISH SPEAKER

\* A student who communicates a home language that is non-english, and is unable to benefit from instructions given in English.

LANGUAGE SPOKEN AT HOME: \_\_\_\_\_

1. EN - IF PARENTS SPEAK ONLY ENGLISH  
2. IF PARENTS SPEAK A LANGUAGE AT HOME OTHER THAN OR IN ADDITION TO ENGLISH, PLEASE USE THE FOLLOWING TWO LETTER CODE:

AI - AMERICAN INDIAN	II - INDIA INDIAN
AR - ARABIC	IV - INDOCHINESE VIET.
CC - CHINESE CANTON	IO - INDOCHINESE OTHER
CM - CHINESE MANDARIN	IT - ITALIAN
CO - CHINESE OTHER	JA - JAPANESE
FT - FILIPINO TAGALOG	KO - KOREAN
FI - FILIPINO ILOCANO	PO - PORTUGUESE
FO - FILIPINO OTHER	RU - RUSSIAN
FR - FRENCH	SA - SAMOAN
GE - GERMAN	SP - SPANISH
GR - GREEK	OT - OTHER

RELIGION: \_\_\_\_\_ PARISH: \_\_\_\_\_

HOME CONDITIONS" \_\_\_\_\_

I. TWO PARENT FAMILY \*2. SINGLE PARENT FAMILY 3. FOSTER FAMILY

IF SINGLE PARENT FAMILY, CHILD LIVES WITH: \_\_\_\_\_ MOTHER \_\_\_\_\_ FATHER

The information from this report is used for reports required by the Archdiocese of San Francisco and the San Francisco Unified School District.





# SAINT GABRIEL SCHOOL

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415 566-0314

August 2015

## A COPY OF THE DRIVER'S LICENSE MUST ACCOMPANY THIS FORM.

Each person transporting students for school activities, in accordance with Archdiocesan Policy, must complete the following questionnaire. One copy is to be retained in the school office AT ALL TIMES. This form must be completed each new school year.

Name of Driver(s) \_\_\_\_\_

Address \_\_\_\_\_

Make, Year and Model of Car(s) \_\_\_\_\_

Name of Insurance Company/Agent \_\_\_\_\_

Amount of Automobile Liability Insurance \_\_\_\_\_  
(\$100,000 is an absolute required minimum)

Renewal Date \_\_\_\_\_  
(if policy does not have a termination date, indicate next billing date)

California Driver's License Number/Expiration Date \_\_\_\_\_  
\_\_\_\_\_

Vehicle(s) License Number \_\_\_\_\_

Child(ren)'s Name _____	Grade _____
_____	Grade _____
_____	Grade _____
_____	Grade _____
_____	Grade _____

\_\_\_\_\_  
Date

\_\_\_\_\_  
Driver's Signature

Please read the reverse side

## RECOMMENDATIONS ON THE USE OF AUTOMOBILES FOR FIELD TRIPS

1. Drivers should be between 25 and 65.
2. Drivers must have a valid, unrestricted driver's license and a "clean" driving record for the past three years: no fault accidents, no tickets for speeding, reckless driving, driving under the influence, etc. A copy of each driver's license must be kept on file.
3. The driver should carry liability insurance on the vehicle to be used.
  - a. \$500,000 is required for employees or volunteers who frequently drive their own vehicles.
  - b. \$300,000 is the expected norm.
  - c. \$100,000 is an absolutely required minimum.
4. Children risk injury if they are unbelted, improperly belted or otherwise too close to the dashboard when an air bag inflates. To assure safety, always buckle children in the back seat. If the vehicle does not have a back seat, move the front seat as far back as possible from the dashboard.
5. One seat belt must be provided for and used by each vehicle occupant.
6. According to California State Law (effective January 1, 2012), children must be buckled into booster seats in vehicles until they turn eight (8) or grow to a height of 4 feet 9 inches.
7. No private (non-chartered) vehicle, including vans, with more than nine seats should be used. Additionally, no one may ride in the bed of a pick-up truck.
8. A driver's route may not be deviated from the intended destination - going or returning. A driver MAY NOT stop his/her car to "treat" students to lunch, snacks, etc.
9. All drivers must have completed Shield the Vulnerable online training and background check before being eligible to drive on a field trip.



# SAINT GABRIEL SCHOOL

2550 FORTY FIRST AVENUE  
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415 566-0314

August, 2015

Dear Parents:

Each year, parents are asked to read the St. Gabriel School Homework Policy, to remind their children of this responsibility and together, to sign the policy.

The St. Gabriel Parent Handbook states:

All students from first grade through eighth grade will have regular homework. The time allotted and amount of homework increases as a child gets older. Completion is a **MUST** for all, in order to develop the attitude of working independently, and above all, to train the students to be responsible, which is a valuable asset for their adult lives.

Homework is assigned to students as young as Kindergarten. Each teacher assigns the homework according to class/individual needs. Students are told of various expectations for each class. There are, however, some school wide standards that all students are expected to follow:

1. Homework papers should be properly "headed" just as class work is.
2. Homework must be neat. Unacceptable work should be re-done before it is brought to school.
3. Homework must be complete and turned in when due. Late work will be penalized.
4. In certain classes, unfinished class work is considered homework and is treated as such.
5. Each night, a specific time should be set aside for study and work on long - range assignments.

The following table provides Archdiocesan guidelines for the amount of time the typical elementary student should spend daily on homework. The amount of time which different students in the same grade spend doing homework will vary.

Grades 1 and 2 - minimal homework  
Grades 3 and 4 - 30 to 45 minutes each night  
Grades 5 and 6 - 45 to 60 minutes each night  
Grades 7 and 8 - 90 to 120 minutes each night

Please read and discuss these standards with your child. It is important that he/she takes full responsibility for his/her homework. It is equally important that you as parents help the students realize that the quality of homework is a reflection of how students view their responsibility in the educational process.

By working together, we will help our students grow in responsibility, self -discipline and academic development.

Sincerely,

Mrs. Gina Beal &  
St. Gabriel School Staff

-----  
I have read, understand and will support the school homework policy.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature



# SAINT GABRIEL SCHOOL

2550 FORTY FIRST AVENUE  
SAN FRANCISCO, CALIFORNIA 94116  
415 566-0314

August, 2015

Dear Parents:

In order to insure that play- time is comfortable and safe for all students at St. Gabriel you are asked to review the following playground conduct guidelines with your child, and together sign the student contract.

With your help the school staff hopes to nurture an atmosphere of respect both in school, and on the playground.

Sincerely,

Mrs. Gina Beal &  
St. Gabriel School Staff

### Playground Contract

1. I will carefully respect my body by following all safety rules.
2. I will respect the bodies of others by keeping my hands to myself.
3. I will respect the feelings of others by treating them with kindness.
4. I will cooperate with and respect the yard supervisors by listening immediately to their directions. I will stop playing and pay attention when the whistle blows.
5. I will speak courteously to all yard supervisors and will let them know where I am at all times. (Get a pass for the bathroom or to reenter the building.) I understand that I am to remain in my assigned area.
6. I will respect the school grounds by helping to keep it litter free, and the school property by treating playground equipment carefully
7. I will respect my parents by eating my lunch or bringing home any food I do not wish to eat.
8. I understand that when the second lunch bell rings, I should be silently in line with my class. I understand that if I am deliberately late for line I may be given a tardy slip.
9. I clearly understand that playing the following games on the playground are not allowed because students may be hurt or property damaged: football, kickball, keep away, wrestling or karate.
10. I understand that my conduct on the playground is part of my conduct grade on my report card.

-----  
**I have read, understand, and will support the school playground conduct policy.**

I \_\_\_\_\_ have read these playground guidelines  
(student name and grade)

and have discussed them with my parents. I will do my best to observe them.

\_\_\_\_\_  
(student signature)

\_\_\_\_\_  
(parent signature)

**Please return this sheet to your teacher tomorrow**

August 2015

Dear Parents,

St. Gabriel School is again pleased to offer a learning support program that will potentially benefit all students. The program will be available to students as needed and is included in the basic tuition. The program will be staffed by:

Mrs. Ellen Conaway--learning specialist  
Mrs. Milena Tapia--resource teacher  
Ms. Anne Bray--resource teacher  
Mrs. Melissa Campos--case manager

These teachers may work with students within the classroom or in small groups. Students needing clarification, re-teaching, preview or review, test preparation, or extra teacher support may receive services from these staff members if recommended and approved by the classroom teacher.

Parents of students who receive consistent learning support will receive a quarterly written update explaining student progress for that quarter. No traditional grade will be assigned to work done with these teachers.

Please sign the lower portion of this form so that your child may receive these services if needed. **Every student is expected to return this signed form no later than Wednesday, August 26.** You may address any questions about the program to Melissa Campos by email ([mcampos@stgabrielsf.com](mailto:mcampos@stgabrielsf.com)) or through the school office (415-566-0314). We are confident that this program will enhance the learning of all St. Gabriel students.

Thank you for taking the time to read and sign this form.

Sincerely,



Mrs. Gina Beal  
Principal

My child \_\_\_\_\_  
Name (Please Print) Grade

may receive learning support services if needed.

\_\_\_\_\_  
Parent Name (Please Print)

\_\_\_\_\_  
Parent Signature

**Return this form to the office with your other paper work tomorrow.**

## CHILDREN WITH DISABILITIES RELEASE FORM

### 1. Children with Disabilities:

**Please Note: The School is not able to accept students with disabilities unless this release is given.**

I understand that the school is not legally obligated to accept children with disabilities nor does it have the same level of funding for personnel, equipment, and other resources that may be available to private and/or government supported institutions to care for individuals with disabilities. I understand and agree that the School will try, but in fact may fail in its attempt, to adhere to the special needs and circumstances pertaining to my child, and I specifically agree to assume the risk that the school may fail in its attempts to provide proper supervision and/or to prevent classroom/playground bumps, falls, and other incidental contact and/or any related cuts, scrapes, or other things. I also understand that any special accommodations or programs that may be made for my child or other children may be discontinued in the discretion of the School Administration.

If I have indicated above that my child has a disability, in consideration of my child's enrollment in the school I authorize the school to perform whatever tasks and to impose whatever conditions the school deems in the best interests and safety of my child, including limitations on activities, or provision of special activities or supervision, and I authorize the school personnel and administration to gather, use and disseminate to other school personnel information concerning my child's disability as is reasonably necessary to further the education of my child and the efficient operation of the school community.

I hereby release and discharge The Roman Catholic Archbishop of San Francisco, a Corporation Sole (Archdiocese) and its constituent organizations, including but not limited to the School, and their officers, agents and employees from any and all claims for personal injuries or property damage that I or my child may suffer while my child is enrolled at the school which arise out of or relate to my child's physical condition and the school's oversight of that condition, whether or not such injuries or damage are caused by the negligence (whether active or passive) of Archdiocese, excepting only such injuries or damage resulting from Archdiocese's willful misconduct.

INITIALS OF PARENT/GUARDIAN: \_\_\_\_\_