



St. Genevieve High School

July 29, 2022

Welcome St. Genevieve Families!

This letter is a follow up to my correspondence sent on Monday regarding major updates and initiatives for the coming school year. If you missed that letter, please reference www.sgps.org (breaking news) to get caught up. Below you will find details regarding the upcoming year, including the specific forms we need you to fill out *prior* to the start of the school year. Thank you for reading each section carefully.

EMERGENCY CONTACT INFORMATION – ONLINE FORM: AUGUST 8, 2022

It is important we have accurate information regarding your child. This includes information regarding **medical needs** (allergies, etc), **emergency contacts** and who is **authorized to pick up your student**. *Please be advised a copy of any legal document outlining custody arrangements should be given to the office. Please submit this form on or before August 8, so we are ready on the first day of school.*

Directions on How to Access Form

1. Go to www.sgps.org
2. Click on the Community Tab (*located on the top bar*)
3. Click on Emergency Card

If you are a returning family, please login and verify all information is up-to-date and accurate, including vaccination status. While vaccinations are not required to return to school, it does impact quarantine and reporting procedures. For new families, you will need to create a username and password and then will have access to fill out this form. The password for the form is: GoValiants

REQUIRED PRINTED FORMS – DUE WEDNESDAY, AUGUST 10, 2022

Printed copies will be sent home on the first day of school for those that need them. However, if you have access to a printer, please print and give to your P.1 teacher on the first day of school. These forms are required EVERY year. They do not carry over from year to year.

Incoming FRESHMEN parents, these forms are all accessible through School Admin. Please be sure these are complete through School Admin by Wednesday, August 10.

1. **Parent/Student Handbook & Catholic Code of Conduct Agreement:** The 2022-2023 handbook is now online at www.sgps.org under Community Resources. Please read over and download to use as your reference this year. All families are asked to return the Parent/Student Handbook & Catholic Code of Conduct Agreement (one form) by Wednesday, August 10.
2. **Counseling Form:** We are fortunate to have counseling services available. We have found an increased demand for counseling after the pandemic. Your signature on this paper allows the counselors to see your child *in the event it is needed*. Your signature of this form does NOT mean your child is receiving counseling. All parents will be notified if their child is pulled for counseling. This form simply provides authorization in the event counseling is needed.
3. **Student Form:** Due to the fact we are a PK-12 grade school, the Archdiocese requires that ALL high school students fill out the *Youth Interacting with Minors Form*. Students need to fill out this form. If your child is not yet 18, it requires a parent signature as well.

13967 Roscoe Boulevard
Panorama City, CA 91402-4299
P: 818.894.6417 F: 818.892.9853
W: <http://valiantspirit.com>

OPTIONAL (As applicable)

1. **Medical Authorization Form:** Please e-mail the completed form to our Health Aide, Ms. Leah David (david@sgps.org). Students are not permitted to keep and administer their own medicine during the day.

Reminders

Aeries: The primary number listed in Aeries will receive phone calls for absences, tardies, reminders and any emergency notifications from the school. **The primary e-mail listed in Aeries will receive e-mail correspondence from teachers/counselors as appropriate.** If you have any questions regarding Aeries, please contact your student's academic counselor.

Grade 9/10: Ms. Alvarez (alvarez@sgps.org)
Gr 12 & College Counseling:

Gr. 11 Ms. Zhu (zhu@sgps.org)
Mr. Bencomo (bencomo@sgps.org)

Website: Please remember to check the school calendar daily. The schedule can change frequently and the website reflects these adjustments.

Weekly Communication: Want to know what's going on at school? There is a weekly newsletter posted every Friday (on occasion Saturdays) with a recap of the events from the week as well as information regarding upcoming e-vents. This newsletter is also e-mailed and posted on your students P.1 Edmodo page (you can join this class as a parent). Stay in the loop. Read the newsletter.

School Schedule: Please check the calendar for your grade levels "Welcome Back" Day next week.

Uniform: There will be a formal dress code day on Tuesday, August 9. Please be sure to have your formal uniform by this day. Casual daily uniforms can be purchased at the on-campus student store.

Grades: Please partner with us by being on top of your student's grades...this means checking Aeries at minimum once a week. You can set up alerts through Aeries to get notifications when grades are posted *or* simply if a student receives a failing grade for an assignment. Yes, they are in high school but *stay involved*. When they know you are checking, they tend to put in more effort. It's a proactive approach!

Feel free to reach out to our office (818.894.6417) should you have further questions. We are looking forward to a great year.

Warm regards,



Amanda Allen
Executive Director
St. Genevieve Parish Schools

Social Media: Facebook/Instagram: @sgpsvaliants

YouTube & Twitter: @valiantspirit

2022 - 2023

St. Genevieve Parish Schools

Catholic Code of Conduct for Parents/Guardians

As my child's most important educator, I understand that I teach my child best by my own example of reverence, responsibility, and respect. I ask St. Genevieve Parish Schools to assist me in forming my child as a disciple of Jesus Christ. I understand that my child's teacher is a dedicated professional who makes many sacrifices to teach in a Catholic school. In order to show my cooperation, support, and thankfulness:

- I will have my child in school on time every day with the necessary school supplies and appropriate dress.
- I will monitor my child's telephone, computer, and television use, as well as movies and magazines my child views or sees.
- I will not tolerate vulgar, sarcastic, or catty language from my child or bullying, violent, or aggressive speech or behavior. I will set a good example in my own speech and behavior.
- I will show respect for the teacher and any other adult in authority in front of my child at all times, regardless what I may think of their actions or say to them in private.
- I will never lie to the pastor, the principal, or the teachers, or other school personnel to protect my child from the consequences of his/her behavior.
- I will stop rumors. I will work to contribute to a unified environment.
- I will go to through the proper channels when I have a problem.
- I will speak respectfully and with kindness and courtesy to other parents in front of students, especially when there is any disagreement.
- I will speak to the teacher or adult in charge before I accept my child's version of an incident. I know the good of all children comes before my child's needs or wants.
- I will follow the school's rules, calendars, deadlines, and expect my child to do the same even when I may disagree.
- I will build a bridge of acceptance and understanding, and expect my child to do the same, among the different cultures represented at St. Genevieve Parish Schools.
- I will pledge to do my best to work toward a united and peaceful school environment.
- I will not participate in demonstrations against the school, its personnel, or decisions.
- I will uphold this Code of Conduct at all school-related functions including but not limited to conferences, meetings, academic, or athletic events, plays and any other school sponsored program.

With the example of the Holy Family and the help of God, I will abide by this Code of Conduct while my child is enrolled at St. Genevieve Parish Schools.

I have read this Code of Conduct and will support and abide by this Code. I will also ensure that any relative or friend who acts as my agent in any capacity understands this Code and will agree to support it.

I understand that if my actions or the actions of anyone I assign as my agent are deemed by the school's administration to be in violation of this Code I may be required to withdraw my child from St. Genevieve School and I will cooperate with that decision.

Each family signs a parent agreement annually. A family can be asked to withdraw from the school for violations of the parent agreement.

St. Genevieve Parish Schools

Parents/Guardians Acknowledgement Form

I/WE, THE PARENT(S) OF THE BELOW-NAMED CHILD(REN) STATE THAT AS PARTIAL CONSIDERATION FOR OUR CHILD'S ENROLLMENT IN THIS SCHOOL, WE HAVE READ AND AGREE TO BE GOVERNED BY THE RULES, POLICIES AND PROCEDURES IN THIS HANDBOOK AS WELL AS THE DISTANCE LEARNING EXPECTATIONS AND THE CATHOLIC CODE OF CONDUCT.

Print Name(s) of Student(s) and Grades

Print Name of Parent/Guardians

Signature of Parent/Guardian

Date



Counseling Partners of Los Angeles

Committed to healing hearts, nurturing hope and fostering bright futures for every student every day.

<http://counselingpartnersofla.org>

Informed Consent Form for (Student Under 18)

TO BE COMPLETED BY PARENT/LEGAL GUARDIAN for students under the age of 18.

St. Genevieve Elementary School

Introduction

Counseling Partners of Los Angeles (CPLA) offers a comprehensive school-based counseling program and support services, providing the tools, support and oversight essential to ensure the greatest opportunity for every student to grow toward their full potential emotionally, intellectually, morally and socially. CPLA strives to have students, parents, teachers, and counselors actively involved in nurturing student's success and wellbeing by providing an exceptional level of support, expertise and oversight. CPLA is committed to success for every student every day.

There is ***no additional cost*** for counseling services as it is one of the programs offered by your school. The counselors see students that are referred by faculty, parents, and the students themselves. Counseling services can benefit any psychosocial concerns involving academic, social, or emotional issues.

Contact a Counselor

You may contact the school and ask to speak with a CPLA counselor. You can also complete an electronic/online referral form and a CPLA counselor will contact you. By completing and signing this Informed-Consent form you are permitting a CPLA counselor to provide counseling services.

Background/Notification of Supervision

CPLA is a training agency for a number of universities. Our counselors have a passion for helping children and adolescents and are very excited to work with your school. CPLA counselors are graduate level students completing Master's or Doctoral level degrees. Some are also post-graduate level associates obtaining the licensure requirement. All pre-licensed counselors are under supervision from our licensed clinical supervisors. They receive weekly supervision and regularly scheduled training. You will be informed of the name and license number of the clinical supervisor for your reference.

Provision of Services

It is the policy of CPLA to obtain written permission for counseling that extends beyond one session in a school year or that is planned on a regular basis. Services include intake assessment, short-term individual counseling, crisis intervention, group counseling, and outside referrals as needed. I understand that school counseling services are aimed at the more effective education and socialization within the school community.

I understand that these services are not intended as a substitute for psychological counseling, diagnosis, or medication, which are not the responsibility of a CPLA counselor. I acknowledge that it is my responsibility to determine whether additional or different services are necessary and whether to seek them for a student.

Benefits/Risks

I understand that there may be both risks and benefits associated with participation in counseling. Counseling may improve the student's ability to relate to others, provide a clearer understanding of



Counseling Partners of Los Angeles

Committed to healing hearts, nurturing hope and fostering bright futures for every student every day.

<http://counselingpartnersofla.org>

Informed Consent Form for (Student Under 18)

him/herself, along with values, goals, and an ability to deal with everyday stress. I understand that counseling may also lead to unanticipated feelings and change, which might have an unexpected impact on him/herself and their relationships.

Confidentiality

I understand that the CPLA counselor will keep information confidential, with some possible exceptions. The counselor is a mandated reporter and is required by law to share information with parents/legal guardians, or others, in certain circumstances:

- Presenting a serious danger to self or another person.
- Evidence or disclosure of suspected abuse (physically or sexually) or suspected neglect (Department of Children and Family Services would be contacted).
- Threats to school security.

The counselor will make the student aware of these limits to confidentiality.

Records

Records are retained by CPLA and do not become a part of a student's school file. Records are stored safely with attention to privacy.

Telehealth in Service Delivery

CPLA counselors have the option of providing Telehealth services as needed and when appropriate in order to meet the counseling needs of our partner school communities. Telehealth is a collection of means or methods for enhancing health care, public health, and health education delivery and support using telecommunications technologies. Telehealth encompasses a broad variety of technologies and tactics to deliver virtual medical, health and education services. Telehealth is not a specific service, but a collection of means to enhance care and education delivery.

I understand that Telehealth based services and care can be as effective as face-to-face services. I also understand that the counselor with consultation will determine the best service delivery methods including face-to-face and telehealth for the student's counseling needs. I understand that I also have the right to request and choose a mental health professional in the community who can provide a specific model of service delivery.

I understand that the student has a right to confidentiality with Telehealth under the same laws that protect confidentiality during in-school, in person CPLA counseling. I further understand that there are risks unique and specific to Telehealth, including but not limited to, the possibility that their therapy

session or other communication by the CPLA counselor to others regarding the student's treatment, could be disrupted or distorted by technical failures, or could be interrupted, or could be accessed by unauthorized persons. I understand that I can withdraw my consent to Telehealth communications by providing written notification.



Counseling Partners of Los Angeles

Committed to healing hearts, nurturing hope and fostering bright futures for every student every day.

<http://counselingpartnersofla.org>

Informed Consent Form for (Student Under 18)

Complaints

Counseling Partners of Los Angeles receives and responds to complaints regarding all aspects of our operation and practices. To file a complaint, contact CPLA Executive Director and Co-Founder, Therese Funk, through any of the following ways: (310) 459-CPLA (2752), or Therese@counselingpartnersofla.org, or www.counselingpartnersofla.org, or 2016 West Washington Blvd. Los Angeles, CA 90018.

**Counseling Partners of Los Angeles
Signature for Informed Consent of Counseling
St. Genevieve Elementary School**

My signature below indicates my consent to all of the matters above as they relate to the student. Under certain serious conditions, in order to meet the medical and/or safety needs of the student or of the community, this consent allows discussing pertinent information with parents/legal guardians, and/or, faculty/staff employees of the school.

I also understand that this consent shall remain valid for the remainder of the time the student is enrolled in this school. I am free to refuse or withdraw consent at any time through writing.

Note: *This is a consent to counseling, not a referral form.*

*****Fill out a separate consent form for each of your children.***

Name of Student (please print)

Grade in School

Name of Parent/Legal Guardian (please print)

Relationship to Student

Parent/Legal Guardian's Contact Number

Parent/Legal Guardian's Email Address

Student's Contact Number

Student's Email Address

Parent/Legal Guardian's Signature

Date

(Under COVID-19 safety protocol, electronic signature will constitute legal signature of consent.)



Counseling Partners of Los Angeles

Committed to healing hearts, nurturing hope and fostering bright futures for every student every day.

<http://counselingpartnersofla.org>

Informed Consent Form for (Student Under 18)

CONSENT TO EXCHANGE CONFIDENTIAL INFORMATION WITH THE SCHOOL

Counseling Partners of Los Angeles works in collaboration with the school to support the student’s academic success and emotional wellbeing. Part of this partnership is the ability to exchange student information which are essential in monitoring student’s school performance and counseling progress. By signing this document, CPLA will only disclose information listed below and apply the minimal information necessary practices.

I [Name of Authorized Person to Consent for Student Under the Age of 18]

hereby authorize Counseling Partners of Los Angeles (CPLA) and its staff to exchange information in the course of the treatment for [Full Name of Student and Birth Date]

_____ with: **St. Genevieve Elementary School** and its staff.

This exchange of information and records authorized herein is for the following purpose:

- Service Coordination and Treatment Planning

Such disclosure shall be limited to the following specific categories:

- Counseling information
- Psycho-educational testing
- Educational information
- Medical information
- Other _____

This authorization shall remain valid for one (1) calendar year from the signature date or until the authorized person revokes this consent. Any cancellation or modification of this authorization must be in writing.

Signature of Consenting Person: _____
(Under COVID-19 safety protocol, electronic signature will constitute legal signature of consent.)

Date: _____

Relationship of Consenting Person(s) to Student is:

- Parent
- Legal Guardian
- Self
- Power of Attorney
- Other Legally Authorized Representative

**ARCHDIOCESE OF LOS ANGELES
BOUNDARY GUIDELINES AND CODE OF CONDUCT FOR MIDDLE
AND HIGH SCHOOL YOUTH WORKING OR VOLUNTEERING
WITH CHILDREN OR YOUTH**

GENERAL INSTRUCTIONS ON USE OF THIS FORM

To ensure the safety of the children and youth in the Archdiocese of Los Angeles, all youth volunteers – middle and high school students, including students who are already 18 – who work or volunteer with children/youth in co-curricular school programs or parish ministries must receive training on Boundary Guidelines before undertaking their ministry. The youth worker/volunteers must sign this Code of Conduct form to verify they understand their obligations.

The forms should be kept in the youth worker/volunteer file. It should be co-signed by a parent/guardian.

The person in charge is encouraged to provide the Boundary Guidelines training to all students and youth.

Code of Conduct for Youth Workers/Volunteers

I have agreed to work with or volunteer to help fellow students or other kids. I promise to behave as Jesus would want me to do – to treat others with respect and kindness. I understand that to help me guide my behavior, I must follow the rules in this Code of Conduct.

I understand that if I break the rules of this Code of Conduct, I may be removed from my volunteer or work assignment. My parent/guardian will be notified if I don't follow the guideline and I may be dismissed from my work or volunteer assignment. If I am dismissed, I will be sent home at the expense of my parent/guardian.

As Youth Worker/Volunteer, I will:

- Be a charitable, tolerant Christian.
- Behave according to the teachings of the Roman Catholic Church.
- Treat everyone with whom I interact with respect, patience, integrity, courtesy and dignity.
- Make sure that children or youth in my care are safe.
- Use positive reinforcement whenever possible.
- Report to an adult in charge of the program or ministry if I see, hear or suspect anything that makes me uncomfortable or that makes me think that another person is in danger or has been harmed.
- Inform the adult in charge if I sense that a younger kid is getting a crush on me.
- Dress appropriately and not wear any clothing with offensive messages or pictures.



As a Youth Worker/Volunteer, I will not:

- Do anything I know to be illegal or immoral.
- Smoke tobacco or pot.
- Use, have or share alcohol or illegal drugs.
- Verbally threaten, bully, tease or physically abuse anyone.
- Use profanity.
- Use discipline that frightens or humiliates a child/youth.
- Touch a child/youth in a sexual, overly-affectionate or other inappropriate manner.
- Sexually harass, request sexual favors from, or make sexually explicit statements to anyone.
- Participate in private visits, parties or other activities with the children/youth I am working with unless approved by the adult in charge of my program or ministry.
- Accept gifts from or give gifts to children/youth I am working with without approval from the adult in charge of my program or ministry
- Become inappropriately friendly with the children/youth I am working with through, social media (for example, Snapchat, Instagram, Facebook, Twitter) other forms of communication.

I have read and understand the Archdiocese of Los Angeles **Boundary Guidelines and Code of Conduct for Middle and High School Youth Working or Volunteering with Children or Youth.**

Print Name: _____

Position: _____

Signature of Youth Volunteer: _____

Date: _____

I have read and understand the above Guidelines, and agree to support my child in following them. I agree that I am ultimately responsible for my child's behavior, and agree to accept the consequences, which may include dismissal from the program or ministry, if my child does not follow the Guidelines.

Signature of Parent/Guardian: _____

Date: _____



MEDICATION AUTHORIZATION AND PERMISSION FORM

Location: _____

Part A to be completed by a licensed physician unless copy of prescription and original prescription bottle is provided containing the information requested in Part A.

I hereby request that my son/daughter be allowed to take the following medication(s) at the Location identified above and/or at a Location sponsored field trip, event or activity.

Last Name of Minor First Name Sex Birth Date

Name of Medication: _____

A. Physician's Instructions. (Complete where applicable)

Purpose of Medication or Diagnosis _____

Dosage Prescribed Date/Time Schedule Dose Form (tablet/liquid)

Please notify this office if patient misses medication [] Yes [] No

Medication may have adverse effects (explain) _____

Special instructions and/or comments: _____

Print Name of Licensed Physician Signature of Licensed Physician Date

Physician Address and Phone Number _____

B. Permission for Administration of Medication and/or Testing at Location and/or at Location sponsored Field Trip/Event/Activity: I request that my son/daughter identified above, be permitted to carry and use emergency medication (inhaler, epi-pen, insulin, etc.) and/or test for levels of blood sugar at the Location identified above and/or at a Location sponsored field trip/event/activity as prescribed by the physician above. I acknowledge and understand that no health care professional or other trained adult may be available at the Location or at the field trip/event/activity to assist, monitor or supervise my son/daughter's self-administration of medication or testing unless arrangements have been made in advance. In the event that my son/daughter is unable to self-administer or self-test, I agree that Location staff/chaperones may assist my son/daughter to the extent possible under the circumstances, but neither they nor the Location shall be liable for any adverse consequences or injury. I hereby give the Location staff/chaperones permission to call paramedics to render treatment to my son/daughter should that be necessary and to release medical information to first responders for that purpose. For all other medications, my son/daughter and I will comply with the Location's policies and procedures and will provide the Location with any medication my son/daughter requires in its original prescription bottle.

Parent/Guardian Name: _____ Emergency phone number: _____

Parent/Guardian Signature: _____ Date: _____

