



Ascension Catholic Diocesan Regional School

311 St Vincent Street

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Donaldsonville, LA 70346-0386

2018-19 School Year

STUDENT INFORMATION RELEASE FORM

Because of the Buckley Amendment, Ascension Catholic School requires written permission from parents to release statistical and educational information about their children to colleges, scholarship organizations, and military services which may request transcripts, grade point averages, and class ranking. Information including student names and pictures may be released to be used in newspapers, school publications and school internet sites, **unless notification in writing is sent to the school at this time.** Demographic information will also be released to other schools in the Diocese unless parents opt out in writing to the school. I give my permission for Ascension Catholic School to release statistical and educational information about my child(ren).

EMERGENCY TREATMENT PERMISSION

Ascension Catholic School has my permission to seek emergency medical treatment for my child(ren) (above named) in the event I cannot be reached. My child(ren) may be taken to the nearest medical facility in the event our family physician is not available. In case of emergency, it is understood that parents are responsible for any bill incurred in seeking treatment.

DRUG TESTING CONSENT FORM

It is the policy of Ascension Catholic Diocesan Regional School to absolutely prohibit the use, possession, concealment, transportation or distribution of illegal and unauthorized items, drugs, look-alikes, alcoholic beverages, drug paraphernalia or stolen property while entering on or leaving school premises, while in the course and scope of school activities.

STUDENTS: For the school's protection, the student's protection and for the protection of others with whom you will be attending school or school related activities, you may be required to submit to a search and/or drug screen. If any items prohibited on school premises are found or if you refuse to submit to a search of yourself and/or your effects, you will be subject to appropriate disciplinary action. Your signature below constitutes your understanding of and consent to Ascension Catholic policy on substance abuse.

STUDENT TRANSCRIPT SYSTEM

Parental consent is given to Ascension Catholic Diocesan Regional School to post my student's grades to the Student Transcript System (STS). STS is accessed by LOSFA (Louisiana Office of Student Financial Aid), TOPS and public universities/colleges with the State of Louisiana to view a student's official grades and high school transcript.

NAME OF STUDENT: _____ Grade _____

PARENT'S SIGNATURE

DATE

Mother Cell Phone Number

Father Cell Phone Number

Emergency Name and No. if parents cannot be reached

Family Physician's Name and Telephone Number

ONE FORM FOR EACH STUDENT