

August 1, 2024

Dear Families,

Please review the attached information about Sycamore Education, our school management system. Invitations to new families will be going out shortly. If you did not sign up last year or have forgotten your information, please contact me at 502-241-8516 Ext 1012 and I will get you set up.

When you log in, it will ask for our school code which is **3591**. Your user name is the family log-in number provided through the Sycamore system. You will need to create a password of your choice. Please note, each **household** has **one password** regardless of the number of email addresses invited. If your student has separate households, then each parent will receive an invitation to join. All students will also have their own unique username and password. The Sycamore email address is www.sycamoreschool.com.

Please take some time to look over the system and check your family's information. Please update any new information. If you see any discrepancies, please contact me at thargrove@staloyuspwv.org.

Thank you for your support and do not hesitate to contact me with any questions.

Traci Hargrove
School Secretary

Sycamore

education

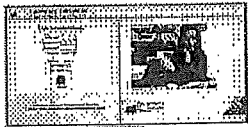
SCHOOL MANAGEMENT SYSTEM

I login to Sycamore Education every day. It's made it easy to stay connected to the school. Now I always know how my kids are doing, and I can easily communicate with their teachers. I love it!

-Anna S., Mother of 5 students

Get Connected - Stay Connected

Sycamore Education is a secure, online community used by schools around the world. A connection to the internet is all that is required to access your school's news, calendar events, classroom web pages and more. Using Sycamore Education will allow you to access school information you need, when you need it. But Sycamore is more than an information portal. Sycamore provides streamlined real-time communication between educators and parents.



After receiving your School ID, Username, and Password you can begin accessing your student's information. To login, simply go to www.sycamoreschool.com and enter the information under the Login button.

Sycamore Education at a Glance Parents & Students

- Information Online—Anytime!
- Check Attendance
- Review Grades
- Check Assignments
- View Student Schedules
- Check Lunch Menu
- Order Lunches Online*
- Communicate with Teachers/ Staff
- View School Calendar
- Access Classroom Documents
- View Student Directory
- Get Classroom News
- View Classroom Photos
- Review Family Lunch Account
- Discipline Records*

* Items are configurable by the school and may not be available to view



Pass-A-Notes



are a great way to communicate with the faculty without disrupting the class. Click on the PAN icon next to the name of the person you want to pass the note to. Type your message and click the Submit button. The PAN will pop up on the recipient's screen within three minutes. ** Limited at this time **



How Sycamore Can Be Used By Parents

Front Desk

Under Front Desk on the menu, you can see a list of school employees and send them email by clicking on the appropriate icon to the right of their name. You will also find under Front Desk a school directory.

Info Center

Info Center is where you can print out a month view of the lunch menu.

My School

Under My School - on the menu you will be able to view your family, contact and student information.

My Students

For a shortcut to your student's information, click on the student icon in the upper right corner on the school home page. From here, view your child's grades for each class. Clicking on the red school house icon will take you to the classroom homepage. Classroom web pages allow you to see a classroom directory, calendar events including assignment due dates and any photos or documents the teacher has chosen to upload.

Parents and Staff,

We are happy to announce that we will continue using REACH Alert to send you timely information about events affecting St. Aloysius School. What does this mean for you? As a user of REACH Alert, you will be in control of how you receive your messages from us. This means you will be able to:

- **Choose up to three ways to receive your messages** - email, voice call, text messaging.
- **Add up to four devices** - email addresses and/or phone numbers that you want to receive your messages with.
- **Update your contact information at anytime** - add an email address and phone number when you register, then Login to update your info today or three years from now.

Registration takes less than a minute to complete! To register, go to www.reachalert.com and click on the blue text, "Create an account." When prompted, please use the following information to register for our Network.

Network Name: St. Aloysius PWV (be careful no to register for the other St. Aloysius)

Role: Parent

Make sure you select the year your child will graduate (see below). If you have more than one child, after you have completed your initial registration, click on JOIN NETWORK on the right side of your dashboard page and join St. Aloysius a second time and select the graduation year of your second child. Please continue to do so for each child.

Registration Code: Aloysius

Incoming 8th graders = Class of 2025
Incoming 7th graders = Class of 2026
Incoming 6th graders = Class of 2027
Incoming 5th graders = Class of 2028
Incoming 4th graders = Class of 2029

Incoming 3rd graders = Class of 2030
Incoming 2nd graders = Class of 2031
Incoming 1st graders = Class of 2032
Incoming Kindergarten = Class of 2033

If you opted to receive text alerts, REACH Alert will send a text message to your cell phone immediately upon completion of your registration. Please enter the 4-digit number on the registration screen and then click the word VALIDATE. If you do not receive this message, please call REACH Alert.

If you have difficulty registering, please contact REACH Alert at (877) 307-9313 or info@reachalert.com.

St. Aloysius Catholic School - Pewee Valley, KY

FaithDirect Instruction Sheet

Go to website Faithdirect.net

Click on Give Now button

Enter Church Code: KY904

Click on Enroll in Recurring Egiving

Scroll to down to the appropriate payment you wish to make

Add amount in currency box and press enter

Complete payment information and confirm giving.

If you have any questions, please contact the school office at
502-241-8516 or schooloffice@staloyuspwv.org.

To Change Payment Plans on Faith Direct

Once you are logged into your homepage, under the "My Account" heading, on the right side you will see a menu item called "Manage Payment Info". Click on that link. On this page you can update existing payment information, add a new credit/debit card or bank account, or delete your existing payment methods.

Additionally, you can choose which gifts to tie to the payment method by pressing "Select which gifts are paid with this method."

Please remember that "Events" (field trips, Fun with Books, STEM Club, etc.) can only be paid by a credit/debit card.

You are always welcome to reach out to the Faith Direct customer service team for assistance:
1-866-507-8757

Home Language Survey



Dear Parent/Guardian:

The purpose of the home language survey (HLS) is to determine the primary or home language of the student. This information is essential in order for schools to provide meaningful instruction for all students. The HLS is part of the statewide identification process required under Section 3113(b)(2) of the Every Student Succeeds Act (ESSA) and 703 KAR 5:070.

The HLS must be given to all students enrolled in the school district.

The HLS is administered *one time, upon initial enrollment in grades K-12 and remains in the student's cumulative file.*

Please note that the answers to the survey below are student-specific. If a language other than English is recorded for ANY of the required survey questions below, the district is legally obligated to do further assessment of your child to determine if he/she is eligible for language support.

Answers will not be used for determining legal status or for immigration purposes. If your child is identified for English language services, you may decline some or all of the services offered to your child.

If you have any questions on how to complete the HLS, please contact your child's school.

Student Information (required):

Student Name: _____ Birth date: _____

Parent/Guardian Name: _____ Telephone: _____

Address: _____

School: _____ Grade: _____ Date: _____

Has your child attended any school in the United States in the last three years? _____
If yes, please list the schools:

1. _____ Grade _____
2. _____ Grade _____
3. _____ Grade _____

Student Language Background (required):

1. What is the language most frequently spoken at home? _____
2. Which language did your child learn when he/she first began to talk? _____
3. What language does your child most frequently speak at home? _____
4. What language do you most frequently speak to your child? _____

Language for School Communication (not required):

5. In which language would you prefer to receive all school information: _____

Parent/Guardian Signature: _____ Date: _____

By signing here, you certify that responses to the four required questions above are specific to your student. You understand that if a language other than English has been identified, your student will be tested to determine if they qualify for language support services, to help them become fluent in English. Students qualifying for language support services are entitled to services as an English learner and will be tested annually to determine their English language proficiency as required by ESSA 1111(b)(2)(G).

For School Use Only

School personnel who administered and explained the HLS and placement of a student into an English language development program if a language other than English was indicated:

Name: _____ Date: _____

St. Aloysius Catholic School - 112 Mt. Mercy Dr - Pewee Valley, KY 40056
STUDENT EMERGENCY CARD (Please print clearly)

Student's Name _____ Goes by _____
Last First Middle Name

Home Address _____
Street City State Zip

County _____ Student Social Security # ____/____/____ Birthday ____/____/____

Child lives with: Both Parents Mother Father Grandparent(s)
 Mother/Step Father Father/Step Mother Other _____

Race: White Black or African American Multi Race Asian
 Pacific Islander or Native Alaskan American Indian

Ethnicity: Hispanic/Latino Non-Hispanic/Latino

Mother's Name _____
Last First Maiden

Home Address _____
Street City State Zip

Cell Phone _____ Home Phone _____ Email _____

Place of Employment _____ Phone # _____

Father's Name _____
Last First Maiden

Home Address _____
Street City State Zip

Cell Phone _____ Home Phone _____ Email _____

Place of Employment _____ Phone # _____

Student Allergies _____

Special MEDICAL PROBLEMS or PROCEDURES we should be aware of:

_____ Medical Insurance Co _____ Preferred Hospital _____

Pediatrician Name _____ Pediatrician Phone # _____

ADDITIONAL EMERGENCY CONTACT: Name _____

Phone # _____ Relationship to student _____

Student T-shirt Size _____ (specify YOUTH or ADULT)



St. Aloysius Catholic School

MEDIA / INTERNET PUBLICATION RESTRICTIONS

One form for each student must be returned to the office.

As the parent of a student at St. Aloysius School, I understand that my child's name or picture may be used on the school Intranet (viewable from inside school only) and/or the school's web page, Facebook page, Twitter account, etc. (viewable from anyone in or out of school). Students are often listed as participants in a group, winners of an award, author of a special project, member of a sports team, etc. Please check below the permissions that you grant using your child's name/picture for any St. Aloysius media endeavor. Keep in mind that print publications, such as the Courier-Journal, Oldham Era, Best Version, and parish bulletin are also found online. Students may also be interviewed or shown in marketing videos for the school which would be used both inside and outside of the school setting.

_____ Yes, my child's name and picture may appear in print/online. This includes being interviewed for school produced videos.

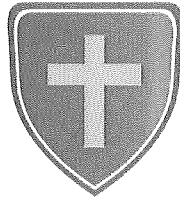
_____ Yes, my child's picture may appear with NO name in print/online. This includes being interviewed for school produced videos.

_____ No, I do not want my child's picture, name, or work to be posted in any media. He/She should not be included in any interviews for school use.

Student Name: _____ Grade _____

Parent/Guardian Name (Print) _____ Date: _____

Parent/Guardian Signature _____



**SAINT
ALOYSIUS**
CATHOLIC SCHOOL

Technology Acceptable Use Agreement 2024-2025 School Year

St. Aloysius School believes that all students should have access to technology when they act in a responsible, efficient, courteous, and legal manner. Internet access and other online services available to students and teachers offer a multitude of global resources. Our goal in providing these services is to enhance the educational development of our students. This use of technology is a privilege and may be revoked if misused. Acceptable uses of technology are devoted to activities that support teaching and learning. There is material on the Internet that may be objectionable. St. Aloysius does have blocking technology in place; however, no program can prevent all objectionable material. Teachers monitor and supervise students to the best of their ability; however, parents should also set and convey standards for their child to follow when viewing resources on the Internet or using school technology. Students will be held responsible for any misuse of technology or any vandalism that may occur. Whenever there is any doubt regarding the use of technology, always ask the teacher or administrator.

1. I will use all computer and technology equipment carefully and will not intentionally damage this school property.
2. I will leave my computer area clean and neat when I leave class.
3. I will use the computer and the Internet for school work only and only use programs and websites my teacher has approved and directed me to use.
4. I will not share my password or use anyone else's password.
5. I will not damage or change any hardware, software, settings or network resources. I will not waste valuable resources such as printing capacity.
6. I will obey all copyright laws and properly cite all material used in any school project.
7. I will notify an adult immediately if I read or see something on the computer that is inappropriate.
8. I will not use technology to be hurtful to others. I will not view, send, post, google, display, or promote any inappropriate messages, pictures, or videos.
9. I will not trespass in/on others folders, work, or files on the student server.
10. I promise not to clear my history without direct instruction from the computer teacher.
11. I promise to log off when I am finished with my computer session.
12. I will not use text messages or access any social media networks during the school day.
13. I understand that phones are technology tools and should be in the off position, stored in lockers, unless otherwise directed by a teacher. I understand that Smart Watches are not allowed, unless otherwise approved by faculty and staff.
14. I will review the Acceptable Media Use Policy for Students from the Archdiocese of Louisville, which is referenced in the Parent/Student Handbook (Addendum 139), and I will abide by all listed guidelines therein.
15. I am prepared to be held accountable for my actions and will accept the consequences of those actions if these rules are violated. This includes potential loss of privileges.

Student: I have read and understand this acceptable use policy. I will abide by the specific rules as well as the spirit of the policy. I realize that violations may result in loss of computer, technology and/or network access and disciplinary action initiated per the school handbook and possible legal action.

Student Signature: _____ Date: _____ Grade: _____

Parents: Please sign to show you have read this Acceptable Use Agreement and have discussed it with your child. One form is required per student. **Students will not be allowed to use school computers without an agreement.**

Parent Signature: _____ Date: _____

Parent Printed Name: _____

137. Handbook Agreement

Student and Parent Code of Conduct

We, the members of the _____ family have read the Parent/Student Handbook, and have discussed the importance of obeying all rules and regulations of St. Aloysius Catholic School. We agree to be governed by this school handbook. We recognize the right and responsibility of the school to make rules and to enforce them.

We, as parents, also agree to the pledges made in the initial letter on page 2, the Archdiocese of Louisville Catholic School Policy, “WORKING TOGETHER IN CATHOLIC SCHOOLS” on page 6, and the St. Aloysius School Code of Conduct, starting on page 15.

We want to be a part of St. Aloysius Catholic School because we want to learn the teaching of Christ and His Church. As students, we will show our appreciation for this opportunity by following the EAGLE Acronym:

- E - I am EAGER to learn.
- A - I ACCEPT responsibility for my ACTIONS.
- G - I GIVE to others using my GIFTS and talents.
- L - I LEAD by God’s example and share his LOVE with others.
- E - I ENCOURAGE kindness and respect.

With God’s help we can live this code of conduct.

Parent Signature/Date _____

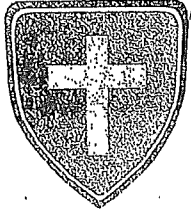
Parent Signature/Date _____

Student Signature/Grade _____

Student Signature/Grade _____

Student Signature/Grade _____

This form must be returned to the school office by the first day of school. It will be kept on file there throughout the school year. Thank you for your cooperation.



SAINT ALOYSIUS CATHOLIC SCHOOL



Permission Form for Non-Prescription Medication

Date _____

Student _____

Physician's Name _____

Address _____

Phone Number _____

Name of Medication _____

Dosage _____

Time of Day for Dosage _____

Reason for Medication to be Given _____

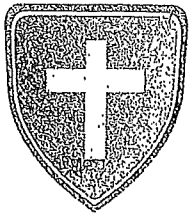
Possible Reactions or Side Effects _____

Parent's Signature _____

Telephone: Home _____ Work _____ Cell _____

Emergency Name _____

Phone Numbers _____



SAINT ALOYSIUS CATHOLIC SCHOOL



PERMISSION FORM FOR PRESCRIBED MEDICATION

Date form received by the school: _____
 Student: _____ Date of Birth, or age: _____
 Grade: _____ Teacher/Classroom: _____

To Be Completed by the physician or Authorized Prescriber

Reason for Medication _____
 Name of Medication _____

Form of medication/treatment:
 Tablet/capsule Liquid Inhaler Injection Nebulizer Other _____

Instructions (*Schedule and dose to be given at school*): _____

Start: date form received Other date: _____
 Stop: end of school year Other date/duration: _____
 For episodic/emergency events only

Restrictions and/or Important effects: None anticipated
 Yes. Please describe. _____

Special Storage Requirements: None Refrigerate
 Other: _____

This student is both capable and responsible for self-administering this medication:
 No Yes – Supervised Yes – Unsupervised

Please indicate if you have provided addition information:
 On the back side of this form As an attachment
 Date: _____ Signature: _____

Physician's Name: _____ Address: _____ Phone Number: _____ Doctor's Signature: _____

To the School: Please report concerns about medications or disease to the above physician.

To be completed by parent/guardian:
 I give permission for (*name of child*) _____ to receive the above medication at school according to standard school policy. (*Schools require parent/guardian to bring the medication in its original container*).

Date: _____ Signature: _____ Relationship: _____

Parent/Guardian Phone #'s: Home _____ Work _____ Emergency _____