

DIVINE SAVIOR CATHOLIC SCHOOL | 2018-2019 CALENDAR

23 In-Service Days
27 Orientation Day

AUGUST '18						
S	M	T	W	Th	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	X	X	25
26	★	X	X	X	V	

15 In-Service Day

FEBRUARY '19						
S	M	T	W	Th	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	X	16
17	18	19	20	21	22	23
24	25	26	27	28		

3 Labor Day
4 First Day of Class
17 MAP Testing Begins

SEPTEMBER '18						
S	M	T	W	Th	F	S
						1
2	V	★	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

4-8 ACRE Assessments
29 End of Quarter 3
(50 days)

MARCH '19						
S	M	T	W	Th	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

5 Map Testing Ends
26 In-service

OCTOBER '18						
S	M	T	W	Th	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	X	27
28	29	30	31			

1-16 MAP Testing
18-22 Vacation

APRIL '19						
S	M	T	W	Th	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	V	V	20
21	V	23	24	25	26	27
28	29	30				

7 End of Quarter 1
(46 days)
20 Conferences (3-9)
21-23 Vacation

NOVEMBER '18						
S	M	T	W	Th	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	V	V	V	24
25	26	27	28	29	30	

27 Memorial Day

MAY '19						
S	M	T	W	Th	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	V	28	29	30	31	

24-31 Christmas Vacation

DECEMBER '18						
S	M	T	W	Th	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	V	V	V	V	V	29
30	V					

4 Graduation, 6:00
5 End of Quarter 4
(44 days)
6 Teacher Record Day

JUNE '19						
S	M	T	W	Th	F	S
						1
2	3	★	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

2 Classes Resume
9-24 MAP Testing
16 End of Quarter 2
(40 days)
24 Conferences (3-8)
27 Catholic Schools Week

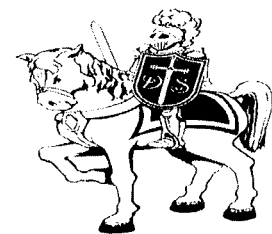
JANUARY '19						
S	M	T	W	Th	F	S
		V	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	V	26
27	28	29	30	31		

SPECIAL DAY ★

TEACHER IN-SERVICE X

VACATION DAY V

END OF QUARTER I

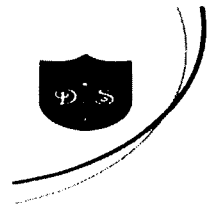


Divine Savior

DIVINE SAVIOR CATHOLIC SCHOOL STUDENT SUPPLY LIST 2018-2019

	GRADE	3K	4K	5K	1	2	3	4	5	6	7	8
Back Pack		1	1	1	1	1	1	1	1	1	1	1
Crayon box / pencil box (hard)			1	1	1	1	1	1	1	1	1	1
Crayons (16 count)		1	1	1	1	1	1	1	1	1	1	1
Colored pencils (12 pack)			1	1	1	1	1	1	1	1	1	1
Glue sticks - large		3	3	3	2	2	2	2	2	2	2	2
Scissors (rounded K) (pointed gr. 1-2)(large gr. 3-8)		1	1	1	1	1	1	1				
Pocket folder			2	3	3	3	5	5	4	2	1	1
Box of washable markers		1		1	1	1	1	1	1	1	1	1
Pack of #2 sharpened pencils (no mechanical below grade 3)				1	2	2	1	1	1	1	1	1
Bottle of Elmer's glue		1		1	1	1	1	1	1	1	1	1
Art smock or old shirt				1								
Pair of gym shoes (non-marking)		1	1	1	1	1	1	1	1	1	1	1
12-inch ruler with metrics					1	1	1	1	1	1	1	1
Black fine-point sharpies					1	1	2	2	2	2	2	2
Highlighters					1	1	2	2	2	2	2	2
Large pink eraser (+ pencil top erasers for grades 1-2)				1	1	1	2	2	2	1	1	1
Red pens							2	2	2	2	2	2
Pack of wide-lined paper							1	1	2	1	1	1
Spiral notebooks (wide-ruled)					1	1	4	4	3	5	4	4
Binder (1.5 in. for gr.6-8 science)(2 in. for 5K)				1						1	1	1
Protractor and metal-tipped compass										1	1	1
Black or blue pens									5	5	5	5
Post-Its (3x3)						1	1	1	1	1	1	1
Pack of graph paper										1	1	1
Roll of paper toweling		2	1	1	1	1				1	1	1
Pack of napkins		1	1	1		1						1
Box of kleenex or tissue		1	1	2	1	1	3	3	3	2	2	2
Set of extra clothing (labeled in large zip-lock bag)		1	1	1								
Pack of 5 oz. cups		1	1	1	1							
Pack of paper plates(even grades) Plastic Spoons (odd grades)			1	1	2	1						
Box of zip lock bags (gr. 1 - gal, gr. 2 - qt)					1	1						
Notecards (3x5)											1	1
Earbuds or Headphones					1	1	1	1	1	1	1	1
Science Journal Notebook (not perforated or spiral edges)							1	1	1	1	1	1

PLEASE LABEL ALL ITEMS WITH THE CHILD'S NAME OR INITIALS



Uniting Faith and Knowledge

Divine Savior
Catholic School

ELECTRONIC COMMUNICATION

An initiative of Divine Savior’s strategic plan is to increase electronic communication, which will result in:

- Cost Efficiencies (helps to maintain affordable tuition)
- Increasing Productivity (provides immediate access to documentation and the ability to save to your computer)
- Healthier Environment (limits printing to essential items only)

Please provide the email address/addressess you would like to use for school communications:

1. _____
2. _____

_____ I do not have internet access at this time; therefore, I am unable to receive school communications electronically.

STUDENT DIRECTORY

Student Name(s): _____	Grade: _____
_____	Grade: _____
_____	Grade: _____
_____	Grade: _____

Parent(s): Names: _____

Address: _____

Phone: _____

E-mail: _____

****Please notify the office if there any changes to this form change occur during the school year so our records will stay up-to-date. Thank you.***

The mission of Divine Savior Catholic School is to provide a high-quality, personalized, Catholic-based education that inspires and empowers its learners to achieve academic excellence and develops life-long learning skills. Learners are challenged to walk as disciples in the footsteps of Christ valuing knowledge, prayer, and service to others.



Uniting Faith and Knowledge

Divine Savior Catholic School

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Kiel, WI 53042
(920)894-3533
www.divinesaviorschool.org

Dear Parents of students in grades 2-8,

With the start of this school year, each student in grades 2-8 will have their own chrome book as part of our blended/personalized learning initiative. As you read in the Family Handbook, students will be responsible for the care of those chrome books and parents will be responsible for any damage done to the chrome book. As an example, a screen replacement costs about \$54. Keyboard damage would be over \$60. A complete replacement would cost about \$350.

The school is offering you an option to purchase an insurance plan for your child's chrome book through Technology Resource Advisors. This insurance plan will cover drops, water damage, normal wear and tear, and hardware failure. The insurance would not cover lost or stolen devices, the AC adaptor, or the battery. The school will replace the batteries if needed.

The insurance coverage is \$15.00 per year. There is no deductible. If anything gets damaged, the student needs to bring it to the office. It will be repaired and returned to the student usually in 7-10 days.

Before we issue the chrome book to your child, you will need to complete the form below. If you have any questions, please contact me for an explanation.

We are excited to be offering this 1:1 learning option for your child. Please discuss with your child the importance of taking proper care of this equipment.

Sincerely,

Kerry Sievert

We will purchase insurance for the Chromebook for \$15/year. (Check payable to Divine Savior)

We are declining to purchase this optional insurance and will assume responsibility for all replacement costs.

Parent Signature: _____ Date: _____

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DIOCESAN CODE OF PASTORAL CONDUCT FOR VOLUNTEERS

The Diocese of Green Bay expects those who volunteer service to conduct themselves properly and appropriately in their relationships with the people they serve, especially with minors and individuals at risk.

As a volunteer, I promise to strictly follow and adhere to the rules and guidelines in this Volunteer’s Code of Conduct as a condition of my providing services to the children, youth and individuals at risk of our parish/school.

As a volunteer, I will:

- Treat everyone with respect, loyalty, patience, integrity, courtesy, dignity, and consideration.
- Avoid situations where I am alone with children/youth or individuals at risk. i.e., in a residence, sleeping facility, locker room, dressing facility or other closed room or isolated area.
- Use positive reinforcement rather than criticism, competition, or comparison when volunteering.
- Refuse to give or receive any gifts without approval from appropriate administrators.
- Report suspected abuse of a minor to the Department of Health and Family Services, local civil authorities and the program administrator. Failure to report suspected abuse to civil authorities is a misdemeanor. Also contact the Diocesan Assistance Coordinator at 920-272-8174.
- Report suspected abuse of an individual at risk to the Wisconsin Bureau on Aging and Long-Term Care Resources telephone line at 608-266-2568. Ask for the contact names and numbers for Adult Protective Services in your home county.
- Call 911, police, or the hospital emergency room if someone is in imminent danger.
- Cooperate fully in any investigation of abuse.
- Be responsible for maintaining clear professional boundaries if an inappropriate personal or physical attraction develops between myself and children/youth or individual at risk.
- Use a team approach to managing emergency situations.

- over -

----- Detach and Return-----

AGREEMENT FORM FOR VOLUNTEERS

As a condition of my volunteer service in this local church, I agree to strictly follow and adhere to the Code of Pastoral Conduct for Volunteers of the Diocese of Green Bay. Moreover, I understand that such is necessary for me to maintain volunteer service in this local church.

Print Name Date

Signature

As a volunteer, I will not:

- Smoke or use tobacco products in the presence of children and/or youth.
- Use, possess, or be under the influence of alcohol or illegal drugs at any time while volunteering.
- Pose any health risk (i.e., no fevers or other contagious situations).
- Touch anyone in a sexual or other inappropriate manner.
- Use any discipline that frightens or humiliates others.

Confidentiality

Trust is one of the cornerstones in all pastoral relations. Volunteers should understand they have an ethical duty not to disclose confidential information they may come upon during the course of being a volunteer.

Conflicts of Interest

Avoid all situations that might present a conflict of interest. Even the appearance of a conflict of interest can call integrity and professional conduct into question.

Ethical Misconduct

Volunteers have a responsibility for maintaining the highest ethical standards. When an uncertainty exists about a situation or that violates religious, moral, or ethical principles, discuss the issue with your supervisor.

Acknowledgement

I understand that as a volunteer working with children, youth or individuals at risk, I am subject to a thorough background check including criminal history and completion of the VIRTUS Protecting God's Children Adult Awareness Session. I understand that any action inconsistent with this Code of Conduct or failure to take action mandated by this Code of Conduct may result in my removal as a volunteer.

Please return by September 4, 2018

Student Name: _____ Grade: _____ Birthdate: _____ Sex: _____

Parent/Guardian Name: _____

Home Address: _____ Home Phone: _____ Business Phone: _____

I request that the school allow my child, _____, to participate in the activity listed below that may require transportation to a location away from the school site. This activity will take place under the guidance and direction of employees and volunteers from Divine Savior Catholic School.

Field Trip Details:

Name/Location: City Park / Hingiss Park **Dates:** Various **Cost/Student:** \$0

Educational Purpose: Phy-Ed, Science, Recess

Supervisor(s): Divine Savior Staff

Mode of Transportation: Walking **Departure:** Various **Return:** Various

As parent and/or legal guardian, I remain legally responsible for any personal action taken by the above named minor ("participant"). I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend Divine Savior Catholic School, its officers, directors and agents, and the Catholic Diocese of Green Bay, coaches, chaperones, or representatives associated with the activity for reasonable attorney's fees and expenses arising in connection therewith.

Parent/Guardian Signature: _____ Date: _____

AUTHORIZATION FOR ADMINISTRATION OF INHALED ASTHMA MEDICATIONS
(Use a separate authorization form for each medication)

School: _____

Student's Name: _____
(First Name) (M.I.) (Last Name)

Sex: (please circle) Female Male Birthdate: ____/____/____

FOR COMPLETION BY PHYSICIAN

Physician's Name: _____

Telephone Number: _____ Fax Number: _____

Emergency Contact Number: _____

Diagnosis: _____

Name of Medicine: _____

Form: _____ Dose: _____

Is the child knowledgeable about his or her asthma medication? Yes No

Has the child demonstrated the proper technique in administering medication? Yes No

Medicine is administered daily. Time: _____ Yes No

Medicine is administered when needed. Indications: _____

If needed, how soon can administration of medicine be repeated? _____

The medication can not be repeated more than _____

Side effects: _____

Comments: _____

() I have instructed _____ in the proper way to use his/her inhaled asthma medications. It is my professional opinion that he/she should be allowed to carry and use this inhaled medication by him/herself.

() It is my professional opinion that _____ should not carry and use his/her inhaler asthma medication by him/herself.

Physician Signature: _____ Date: _____

FOR COMPLETION BY PARENT

Mother's Name: _____

Father's Name: _____

Mother's Work Telephone: _____ Father's Work Telephone: _____

Home Telephone: _____ Emergency Number: _____

Is the child authorized to carry and self administer inhaled asthma medication? Yes No

As the parent of the above named student, I ask that assistance be provided to my child in taking the medicine(s) indicated above at school by authorized staff. If self-medicating is allowed or if no authorized staff member is available, I ask that my child be permitted to self-medicate as authorized by myself and my physician. Authorization is hereby granted to release this information to appropriate school personnel and classroom teachers.

Parent/Guardian Signature: _____ Date: _____

EPIPEN ADMINISTRATION FORM

The following student has been identified as needing an EpiPen when at school or school related activities. **All medication(s) must be in the container labeled by the pharmacy.** According to policy, the school will call 911 when a student uses his/her EpiPen.

Student's Name _____ Birthdate _____

Grade _____ Teacher _____

Name of Physician/Health Care Provider _____

TO BE COMPLETED BY STUDENT'S PHYSICIAN/HEALTH CARE PROVIDER:

Name of Medication: _____

Dosage: _____

Reason for having EpiPen _____

Check one choice:

Student WILL NOT carry the above noted medication but will report to the school office immediately for assistance.

Student WILL carry and self-administer the above noted medication in a responsible manner. The student has demonstrated proper technique in administering this medication. Student will then immediately report to the school office after self-administration

Check one choice:

Give Epi_en immediately if child states he/she is exposed to allergen.

Give EpiPen if child states exposure to allergen AND exhibits difficulty breathing, wheezing, swelling of face, throat, or tongue, hives over body, or loss of consciousness, nausea/vomiting, dizziness, or other signs and symptoms.

Other symptoms: _____

Physician/Health Care Provider Signature

Date of Signature

Office Address

Phone Number

TO BE COMPLETED BY STUDENT'S PARENT/GUARDIAN: I give my child's school permission to facilitate the administering of the above medication. I further hereby agree to hold the school harmless from any liability related to the administration of said medication. My child's school reserves the right to rescind this permission if it is the good faith belief of the principal that this medication is being administered or stored inappropriately.

Parent/Guardian Signature

Date of Signature

TO BE COMPLETED BY THE STUDENT: I will use this medication only as prescribed:

Student Signature

Date of Signature

Homeroom Teacher Signature

Date of Signature

Principal Signature

Date of Signature