FIELD TRIPS
If a teacher plans a field trip for a class, a note will be sent home to the parents. The parents must sign this note giving permission to participate in the field trip. The teacher reserves the right to deny a student field trip permission. The parents are asked to help with transportation. Parents who drive must also send in their own child’s permission slip. Field Trip documents will be accessible on RenWeb.

The teachers will bring their students out to the following areas and give drivers a list of passengers:
Field Trips for K-6th Grade will depart from and return to the Main School Entrance.
Field Trips for 7th Grade will depart from and return to the Junior High Entrance.
Field trips for 8th Grade will depart from and return to the Gym Entrance.

All field trips must be within Pulaski County. The principal, in consultation with pastor, can allow exceptions to this policy.

Drivers must have completed all Safe Environment requirements, including training, background check and certification on CMG Connect. In addition, drivers must also complete the Defensive Driving Curriculum in CMG Connect.
Drivers must have liability insurance in the amount consistent with the laws of the State of Arkansas and complete the required Diocesan forms prior to the field trip. Each child must wear a seatbelt while being transported to and from the field trip destination. It is the responsibility of the parent providing the transportation to make sure each child is buckled up. Teachers shall advise each parent as to their responsibility.

PARENTS SHOULD PROVIDE TRANSPORTATION TO AND FROM THE SITE OF THE FIELD TRIP ONLY. SPECIAL TREATS OR SIDE TRIPS FOR SNACKS ARE NOT PERMITTED.

DISCIPLINE
The main purpose of good discipline at Christ the King School is to train the pupils in self-discipline. Self-control on the part of students is essential to good classroom order. To bring this about, the school has imposed regulations, which every student is expected to follow.

Students are to be courteous at all times, in all places. A learning atmosphere and discipline are practically synonymous.

It is our desire to instill respect for authority and for the rights of others. Students must fully understand that ANY teacher has the authority to correct misconduct at any time.

Christ the King School does not condone any form of harassment. All individuals are to be treated with dignity and respect. Harassment in any form is prohibited. The prohibition against acts of harassment applies to all individuals involved in the school. Christ the King will not tolerate bullying in any form and has universal jurisdiction concerning bullying to include e-mail, blogs, etc.

The administrator reserves the right to waive and/or deviate from any and all disciplinary regulations for just cause at his or her discretion.

BEHAVIOR ON/OFF CAMPUS
Since a Christ the King student represents the school at all times, both on and off campus, it should be understood that any conduct which brings discredit to the student or to the reputation of Christ the King School and its community may result in disciplinary action by the school.

There are general behavior rules, which each teacher will post in the classroom. Every student will be expected to know and follow these rules. Infractions include the following:

1. Excessive Talking
2. Disruptive Behavior (towards a student)
3. Disruptive Behavior (towards a teacher)
4. Restless/Inattentive
5. Rude/Discourteous
6. Eating Candy or Gum
7. Tardiness
8. Other

Five points will be deducted from the student’s conduct grade for each of the above infractions.

Any student who incurs 4 conduct infractions in one day will be sent home for the remainder of the day and will be assigned to Detention Hall on the following Thursday.

DETENTION
Assertive discipline is an important part of Christ the King. However, realistically, with some students other measures will have to be taken from time to time.
Detention Hall will be held for Grades 4 - 8 on Thursdays, after school from 3:00 until 4:30 p.m. This may be a silent, sit still time, a study period, or a work detail as determined by the teacher on duty. If the student fails to be on time, an additional detention hall will be set automatically.

Detention Hall will be served on the Thursday following the day the student receives the Detention Hall form from the teacher. The teacher will send the student to see the principal, parents will be called through the office and informed of the Detention Hall assignment. If for some legitimate reason such as prior appointment (doctor, orthodontist, etc.) a student cannot report for detention hall, a parental note will be required by Thursday morning to that effect. An alternate date will be assigned by the principal. Failure to serve the detention on the assigned date will result in a detention for the following Thursday plus an additional Thursday.

**Major Offenses - Immediate Detention Hall (suspension/expulsion if warranted):**
- Fighting
- Satanic symbols, worship, etc. of major caliber
- Any activity that is gang related (including mode of dress, use of symbols, gestures and/or pictures)
- Defiance of school authority (Principal, Teacher, Staff)
- Cruelty to other students (Verbal, Physical and/or Cyberspace)
- Willful destruction/defacing of school or church property
- Consistent lack of cooperation both within or outside the classroom
- Chewing gum or bringing food or drink in the computer lab or science lab
- Possession, use, distribution or purchase of any drug, tobacco in any form, vaping products, or alcoholic beverages, in the school, on the school grounds, or at any school function
- Bringing matches or lighters
- Bringing pocket knives, slingshots, firearms or any type weapon on the school or church grounds
- Profanity, verbal abuse or obscene gestures, language, pictures or conduct
- Leaving campus or designated area without permission
- Theft
- Cheating
- Gambling
- Any other offense deemed major by the principal
- Altering computers in any way and/or accessing/altering another student’s files

<table>
<thead>
<tr>
<th># Of Major Infractions</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st &amp; 2nd</td>
<td>Detention Hall Thursday, 3:00 to 4:30 p.m.</td>
</tr>
<tr>
<td>3rd*</td>
<td>1 day at-home suspension</td>
</tr>
<tr>
<td>4th*</td>
<td>3 day at-home suspension</td>
</tr>
<tr>
<td>5th*</td>
<td>5 days at-home suspension</td>
</tr>
<tr>
<td>6th*</td>
<td>Expulsion</td>
</tr>
</tbody>
</table>

* Work graded while the student is suspended will receive an automatic zero and conduct grade will be a zero for each day the student is suspended. The above procedure is general and the principal may alter the procedure if the offense warrants immediate suspension or expulsion.

**MANUAL OF POLICIES AND REGULATIONS FOR ELEMENTARY AND SECONDARY CATHOLIC SCHOOLS OF ARKANSAS, DIOCESE OF LITTLE ROCK**

2.21 ALCOHOL/DRUGS

THE POSSESSION, USE, DISTRIBUTION OF ILLEGAL DRUGS OR ALCOHOLIC BEVERAGES IS NOT PERMITTED IN THE SCHOOL, ON THE SCHOOL GROUNDS, OR AT ANY SCHOOL FUNCTION.

If any student brings to school or has in his/her possession any drug or alcohol during school hours or at any school function, regardless of time or place, he/she is liable for expulsion.

He/she will be suspended immediately and parents will be notified.

Return to school will be contingent upon the student being actively involved in professional counseling and/or therapy if chemical dependency is evident. A second offense will result in automatic expulsion.

When a student is involved in the distribution of alcohol/drugs to other students, whether for financial gain or not, he/she will automatically be expelled from school. The distribution of drugs in the State of Arkansas is a felony. Secondly, the action is aiding and abetting another youth in an illegal action. Such conduct will not be tolerated by the Diocese of Little Rock and it’s school system.

A teacher is required by law to report to school authorities any incident of alcohol or drug abuse. Not to report such an incident is against the law. (Arkansas code Ann.6-21-608)

A student with four major infractions in one school year is subject to possible probation for the next school year. A student with five major infractions in one school year may be denied admittance for the next school year.
Homeroom Parents' Handbook
Christ the King Catholic School
Homeroom Parent(s) Handbook

Thank you for volunteering for the job of Homeroom Parent (HRP). This handbook is meant to act as a guide for organizing the responsibilities of HRP. If you have a system that you would rather use, or are more comfortable with, that is fine. This handbook is simply to help those that might be overwhelmed or just need a clear picture of what is ahead.

With the changing needs of the school and teachers, we need to be flexible with these guidelines. The most important key to success as an HRP is good communication between you and your teacher. With this in mind, a system of ONE "Lead HRP" for each classroom has been developed. This person will work with the teacher directly and then pass on information to her committee (i.e. chairs of different activities). The chairs will work with the teacher as the time draws near the activity. The Lead HRP will meet with the HRP from the other rooms in that grade at the first of the year and coordinate all the activities. Then the HRP can divide up the responsibilities with the other parents in the room.

You will find a Project Delegation Sheet at the end of this notebook.

Keep in mind this is only a start, there may be more responsibilities that have not been listed. Please pass on any information you may have concerning the HRP responsibilities for your particular grade to the Principal to add to this handbook.

In coordinating the various activities throughout the year, it may be convenient for you to contact your class parents via email. Our RenWeb** system provides a means to contact parents through email. You may take advantage of this by contacting Cynthia Roberts (croberts@ctklr.org) and requesting that a message be sent. Because we must control the content and daily frequency of ‘all school’ email, please follow the guidelines when requesting that email be sent to your classroom parents. **(Renweb is being changed to ‘FACTS SIS’, ParentsWeb has not been changed yet.)

Guidelines for using RenWeb's email

1. Coordinate the timing and content of email messages with your grade’s homeroom parents. Send a single message to the parents of the ‘grade’ when possible. (For example: send a message about your ‘PTO Snack Day’ to parents of the grade instead of a message for each class. Send a message about a teacher’s birthday only to that teacher’s class).

2. Allow at least 24 hours when requesting email be sent. Include phone numbers and email address within your message for questions and replies from parents.

3. Email your message to Cynthia exactly as it should appear to recipients. Messages will not be edited for spelling or accuracy. Include ‘who’ should receive the message and ‘when’ it should be sent. Cynthia Roberts (croberts@ctklr.org) will forward your message to the requested group of parents. Email attachments (in PDF format) may be included. Any text should be included within the body of the email.
Homeroom Parents Email Procedure

Homeroom parents,

Please follow the procedure I've outlined below when asking me to send email to your homerooms:

**Procedure:** Have **one homeroom parent from each GRADE** send an email to me with the message you wish to send. (please don't ask me to just 'send something out').

Within your grade's message, include the contact information for the 3 homeroom parents (class id, phone #, email). Example:

3A-Jan Low, jlow@sbcglobal.net, 244-5555
3B-Lori Day, lday@sbcglobal.net, 833-3333
3C-Tori Smith tsmith@gmail.com, 244-4111

I will send one message to each grade for subjects like, volunteers for appreciation lunch, volunteers for SSS, information on upcoming PTO Snack Day, requests for teacher gifts at Christmas and year-end. By doing this, we're more likely to send correct information and get the message to everyone. Thanks for your cooperation.

Cynthia Roberts
croberts@ctklr.org

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**EMAIL EXAMPLE**

*Will you please send this to all of the kindergarten parents? Thank you. Jan*

Hello Kindergarten Parents:

It’s hard to believe this kindergarten year has come to an end! I know the children have enjoyed the year and all the teachers have bragged so much on the children and how much they have enjoyed the class. As mentioned earlier this year, the homeroom moms are taking up an end-of-the-year collection for the kindergarten teachers instead of doing gifts.

If you would like to contribute please send your money to your homeroom mom listed below no later than Monday, May 20th. If you have any questions, please feel free to contact one of us.

KA-Jan Low, jlow@sbcglobal.net, 501-244-5555
KB-Lori Day, lday@sbcglobal.net, 501-833-3333
KC-Tori Smith tsmith@gmail.com, 501-244-4111

*Jan Low*
*501-244-5555*
ALL VOLUNTEERS AT CHRIST THE KING SCHOOL

Every volunteer's Safe Environment status must be verified on our CMG Connect system before volunteering. A list of volunteers must be submitted to the Safe Environment Coordinator (Cynthia Roberts) at least 1 week prior to any event. If an individual does not meet the requirements, that individual may not volunteer without a teacher present.

Safe Environment Requirements for Volunteers

a. All volunteers who work with minors on a regular basis will be required to register and maintain an account on CMG Connect. Volunteers who had current Virtus accounts prior to July 2015 may have CMG Connect accounts, however those CMG records must be updated and maintained online. CMG records expire every 5 years and recertification must be completed by the volunteer.

b. Volunteers must complete the training requirements within CMG Connect. The course may be completed online (at https://littlerock.cmgconnect.org) with a login. Instructions will be provided for you. The online course includes a background check and online forms: (1) Acknowledgement & Agreement Regarding the Diocesan Policy for Investigating and Responding to Allegations of Sexual Abuse of Minors, (2) Laity Code of Conduct and (3) the Policy Regarding Sexual Misconduct with Adults.

c. Volunteers must maintain current contact information (email and phone numbers) within their CMG Connect account.

Additional Requirements for Volunteer Drivers

Volunteer drivers who transport children, other than their own for church/school related activities must complete the CMG Connect Defensive Driver Curriculum online. Volunteer drivers must have a CMG Connect account with the Safe Environment certification and the Defensive Driving curriculum/ MVR. The Safe Environment training must be completed and up to date before the Driver curriculum can be done.

*A regular volunteer or employee is any person who functions in the name of the Church in the capacity of chaperoning, mentoring, supervising, teaching or training minors (those who are 17 years of age or younger) three or more times a year. Positions may include: athletic director, catechist, chaperone for overnight events, clerical/office help, crossing guard, custodian (school or parish), daycare/extended daycare worker, instructional assistant, library assistant, maintenance (school or parish), playground monitor, “room” mother or father, sacramental preparation instructor, scout volunteer, server trainer/sacristan, tutor/private instructor, youth choir director, youth ministry commission member, youth ministry activities chaperone, youth program leader, or youth ministry retreat team member.

Registration Instructions for https://littlerock.cmgconnect.org are available from the parish safe environment coordinator. Contact the school office.
FIELD TRIPS - Field trips are generally arranged for the entire grade level and coordinated by the teachers. This includes collecting Permission Slips (Diocesan Parent/Guardian Liability Waiver and Medical Consent Form), Driver Information Sheets and Volunteer Medical Release Forms, as well as scheduling drivers. The teacher will also ensure that all drivers are compliant with CMG Connect requirements.

Drivers should be aware of the following things:

A. All children will wear a seat belt.
B. It is recommended that children not ride in the front seat where there is a passenger side air bag.
C. Students who are under 6 and/or under 60 pounds MUST be in a car seat which will be provided by the individual parents.
D. The teacher will provide a list of students you will transport and for whom you will be responsible.
E. Check with the classroom teacher to see if there are any special instructions (place to meet, where to park, staying together, etc.)
F. Go directly to the scheduled event. DO NOT stop for treats (i.e. food, drinks, etc.). Each stop increases the liability and/or opportunity for accidents to occur.
G. When you arrive at the event, please help monitor students' behavior, remembering that everyone is entitled to dignity and respect. A teacher will be available to assist with discipline, if necessary.
H. When leaving for the field trip, wait for the teacher to bring the entire class to you OUTSIDE the Main Entrance (grades K-6), outside the Gym doors (Grade 8), or outside the south entrance of Junior High (grade 7).
I. Upon return to the school, please wait with students outside the Main Entrance and the teacher will walk the students back to class.
J. Field trip fees were collected in Book fees so no money will be collected for field trips throughout the year.
K. The only children allowed to attend a field trip are those for which the field trip is planned
L. A ratio of not less than one adult for no more than 5 children is required for adequate supervision.

Pre-K & KINDERGARTEN: The teachers will basically take care of all aspects of the field trip. They may ask for help with recruiting drivers.
DIOCESE OF LITTLE ROCK ~ OFFICE OF CATHOLIC SCHOOLS

DRIVER INFORMATION SHEET

Driver
Name ___________________________ Date of Birth ___________________________
Address ___________________________ Home Phone ___________________________
Cell Phone ___________________________ Date of Expiration ___________________________
Driver’s License # ___________________________ Date of Expiration ___________________________

Vehicle That Will Be Used
Name of Owner ___________________________ Model of Vehicle ___________________________
Address of Owner ___________________________ Make of Vehicle ___________________________
Year of Vehicle ___________________________
License Plate # ___________________________ Date of Expiration ___________________________

If more than one vehicle is to be used, the aforementioned information must be provided for each vehicle.

Insurance Information
Insurance Company ___________________________ Liability Limits of Policy* ___________________________
(*Please note: The recommended liability limit for privately-owned vehicles for field trips is $100,000/
$300,000 per person/per occurrence.)

Attach a copy of Driver’s License and Proof of Insurance.

In order to provide for the safety of our students or other members of the parish/school and those we serve, we
must ask each volunteer driver to answer the following questions:

1. I have NOT had a conviction for an infraction involving drugs or alcohol
(such as driving under the influence or driving while intoxicated) in the last
three years. ___________________________ TRUE FALSE
2. I have had no more than three moving violations or accidents in the last three
years. ___________________________
3. I have completed a background check and Safe Environment training. ___________________________

Please be aware that as a volunteer driver, your insurance is primary.

Certification
I certify that the information given on this form is true and correct to the best of my knowledge. I understand
driving for school events is a profound responsibility and I will exercise extreme care and due diligence while
driving. I will be limited to a maximum number of consecutive miles driven, not to exceed 250 miles per driver
without at least a 30 minute break. I understand that as a volunteer driver, I must be 21 years of age or older,
possess a valid driver’s license, have the proper and current license and vehicle registration, and have the
required insurance coverage in effect on any vehicle used to transport students. I agree that I will refrain from
using a cell phone or any other electronic device while operating my vehicle.

Signature ___________________________ Date ___________________________

June 2015
DIOCESE OF LITTLE ROCK ~ OFFICE OF CATHOLIC SCHOOL
FIELD TRIP VOLUNTEER MEDICAL RELEASE FORM

School Name__________________________________________________________

Name______________________________________________________________

Address____________________________________________________________

City_________________________________ State_________ ZIP Code________

Home Phone #_________________ Work Phone #__________________________

Cell Phone #________________________________________________________

Date of Birth________________________________________________________

Physician’s Name_________________________________ Phone #____________

In the event that the participant does not have insurance, payment in full for medical care becomes
the responsibility of the patient.

I,__________________________________________, do hereby release, hold harmless and discharge the Diocese of
Little Rock, the school, the parish, its staff and volunteers from any and all liability, claim, loss, damage, cost or
expense arising from my participation in this event. I waive such claims against such organization or any such
person, arising directly or indirectly from or attributable in any legal way, to any action or omission to act of
any such organization or person in connection with execution of this event. I authorize treatment by a licensed
medical physician or licensed medical team in case of any accident or illness that may so arise, or any
hospitalization necessary.

Signature_________________________ Date__________________

OPTIONAL:
Please list medical conditions/allergies/special health information________________________________________
________________________________________

Please list medications (prescriptions or non-prescription) that you would like us to be aware of
________________________________________
________________________________________

Medical Insurance Company_________________ Policy Number____________
Policy in the Name of____________________ Relationship__________________

June 2015
This waiver and medical consent is to be used for the first field trip of the school year.

DIOCESE OF LITTLE ROCK ~ OFFICE OF CATHOLIC SCHOOLS

________________________________________ SCHOOL

PARENT/GUARDIAN LIABILITY WAIVER AND MEDICAL CONSENT

Participant’s Name ___________________________ Date of Birth ___________________________

Home Address _____________________________________________________________

City ___________________________ State _______ ZIP Code ____________

Phone ________________________________________________________________

Alternate Phone Number __________________________________________ □ Cell Phone □ Work

School ___________________________ Grade _______ Age _______ Sex □ M □ F

LIABILITY WAIVER

Important! To be filled out by the Parent/Guardian for youth under 18 years of age. If participant is 18 years of age or older, consent must be signed by the individual.

I (name of parent/guardian) ___________________________ grant permission for my child, (participant’s name) ___________________________, to participate in the ___________________________ (event), to be held ___________________________ (date) ___________________________ (time), ___________________________ (place). ___________________________ (mode of transportation)

I agree on behalf of myself, my child’s other parent if known, or living (name of other parent) ___________________________.

My child named herein, or our heirs, successors, and assigns, agree to hold harmless and defend the Diocese of Little Rock, the sponsoring parish (its pastor, principal, teacher, youth minister, other agents, etc.) or any representatives associated with the scheduled activity unless the parties involved were careless or negligent.

Signature (Parent/Guardian) ___________________________ Date ___________________________

Signature of participant if 18 years old or older ___________________________ Date ___________________________

Please complete the Medical Consent on the back of this waiver.
MEDICAL CONSENT

Name of student

Medical Matters
I hereby warrant to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. Of the following statements pertaining to medical matters, sign only those in accordance to your wishes:

Emergency Medical Treatment
In the event of any emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of any emergency when you are unable to reach me, contact:

Name & Relationship ____________________________ Phone ____________________________
Family Doctor ____________________________ Phone ____________________________

Medications
My child will bring all medications, well labeled, that are necessary. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequencies are as follows:

My child is taking the following medication at the present time:
Medication  Dosage  Medication  Dosage

Administer ____________________________

I hereby DO NOT GRANT PERMISSION for medication of any type, whether prescription or nonprescription to be administered to my child unless the situation is life threatening and emergency treatment is required. (Please initial)
I hereby GRANT PERMISSION for nonprescription medication provided by the parent(s)/guardian(s) (such as Tylenol, throat lozenges, cough syrup) to be given to my child, if deemed advisable. (Please initial)

MEDICAL CONDITIONS INFORMATION
(Diocesan personnel will take reasonable care to see that the following information will be held in confidence.)

My child has
Has had an episode of the following or has been diagnosed? ☐ Seizures ☐ Asthma ☐ Diabetic
Allergic reactions to the following (foods, dyes, latex, etc.) ☐

Has had medical surgery within the last six months? ☐ Yes ☐ No ☐ Still under Doctor’s care? ☐ Yes ☐ No
Has a medically prescribed diet? ☐

The following physical limitations?
Immunizations current and up to date? ☐ Yes ☐ No
Date of last tetanus/diphtheria immunization ____________________________
You should be aware of these special medical conditions of my child.

INSURANCE INFORMATION

Name of Insured ____________________________
Insurance Carrier ____________________________
Insurance ID Number ____________________________ Insurance Policy Number ____________________________
Father’s Name ____________________________ Birth Date ____________________________
Place of Employment ____________________________
Mother’s Name ____________________________ Birth Date ____________________________
Place of Employment ____________________________

☐ No, I do not carry medical insurance at this time.
In the event it comes to the attention of the chaperones associated with the activity that my child becomes ill with repeated symptoms such as headache, vomiting, sore throat, fever, or diarrhea, I want to be called immediately.

Signature (Parent/Guardian) ____________________________ Date ____________________________
Parent/Guardian must sign for anyone under 18 years of age

Signature (Participant 18 years of age or older must sign own consent) ____________________________ Date ____________________________

June 2015

Homeroom Parent Handbook 9
PTO SNACK SALE - These Snack Sales are a way to raise money for the classes. The money raised is to be used to purchase items for their classroom (ex. games to play on rainy days, extra supplies needed, sports equipment, etc.)

The Snack Sales are done by the entire grade, therefore it is necessary to coordinate with the other HRPs or the Snack Sale "Chairs." The dates of the snack sales are on the ParentsWeb calendar.

RESPONSIBILITIES:
A. Notices: (see Guidelines for using RenWeb's email) Two days prior, Cynthia Roberts will send a notice to the entire student body.
B. Schedule Workers Generally workers are scheduled in two shifts with one volunteer from each room. Three to four workers a shift can handle the job.

CLASSROOM PARTIES - The Christmas Party will be held December 20, 11:30A-12:30P. The Valentine Party will be held on February 14, at 1:30P. Teachers have been given $2.00 per child per party for the 3 parties. You can work with the teacher to plan how to spend that money for party supplies, etc.

UNBIRTHDAY PARTY - The Un-birthday party is a celebration in honor of all student birthdays. This year the Un-birthday Party will be held on May 27, at 11:30AM.

The party is generally done by the entire grade. The HRPs or Un-birthday Party "Chair" need to coordinate with each other as well as with the teachers. Some teachers will have very specific ideas for the party, while other teachers will leave it entirely up to the parents. If everyone has the same kind of party and receives the same things, it helps the students feel like the parties are "equal."

TERRA NOVA TESTING - Some teachers like to have a snack and drink provided to the students during standardized tests given in April. Again, find a parent to coordinate this by asking for volunteers or assigning items for students to bring. Healthy snacks and a drink are usually requested. This testing does not apply to Kindergarten or Pre-K.

Terra Nova Tests will be given April 6-9, 2020
YEARBOOK PHOTOS - The yearbook staff has requested that each grade submit photos of any field trips or special activity that go on in that grade. One parent might be asked to be responsible for gathering a few photos over the year. There is an early deadline for these, so be aware. Photos should be turned in to the office or Yearbook mailbox on a flashdrive.

TEACHER APPRECIATION LUNCHES

The PTO Hospitality Committee hosts special lunches several times per year to honor our teachers. Please find a parent volunteer to watch the class at their lunchtime to give the teacher an opportunity to enjoy these special events. Teacher Appreciation Lunches are scheduled for:

Tuesday, September 24, 2019
Tuesday, December 17, 2019
Thursday, January 30, 2020 (Catholic Schools Week)
Tuesday, April 7, 2020
UNOFFICIAL DUTIES

The following is a list of projects that are “traditionally” coordinated by the HRP. They are NOT done at the request of the teacher. They are kept secret and strictly voluntary and should be decided on at each grade level.

TEACHER'S BIRTHDAY Sometimes a card is given from the class, sometimes a lunch is brought up for a teacher. These celebrations vary greatly.

TEACHER GIFTS Gifts for the teacher at Christmas and at the end of the year are optional. If a grade level decides it wants to give a monetary gift to the teacher, the entire grade level collects the money and the money is equally divided among all three teachers. There are some rules: 1. All money collected is voluntary with no given amount suggested. 2. The money can be given in cash, gift certificate, or a common gift for all the teachers in that grade.

REXFEST PROJECTS Traditionally, each grade level donates a class project to The Rexfest Auction (5/1/2020). The Rexfest Committee will work with your classroom chairperson to create an auction item.

FIELD DAY The Field Day Chairperson is responsible for contacting the field day helpers and volunteers who bring water for the class.

FIELD DAY DATE is May 18, 2020

SURPRISES Depending on the grade level and your teacher, you may be asked to provide help in any of the following celebrations:

- Halloween treats
- Epiphany
- End of the Year Party
- Mary's Birthday
- Mardi Gras or Fat Tuesday
- Baby Shower or Wedding Shower for teacher
- All Saints' Day
- St. Patrick's Day
- Farewell Party – If a student should move during the school year, a teacher may ask for a small celebration.
There are also various projects that go on in all of the different grade levels year round. You may be called upon to help coordinate any functions the teacher may need your help on. Please make sure you have someone assigned to coordinate each of the following special events.

**LIST OF COMMONLY REQUESTED ACTIVITIES TO HELP WITH**

<table>
<thead>
<tr>
<th>GRADE</th>
<th>EVENT</th>
<th>RESPONSIBILITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-K</td>
<td>End of Year Program – 5/11/20</td>
<td>Pre-K Parents</td>
</tr>
</tbody>
</table>
| K | Circus - 5/14/20 @ 6:00PM  
- 5/15/19 @ 1:30PM | Kindergarten Parents |
| 1<sup>st</sup> | Christmas Play  
12/19/19 @ 6:00PM  
12/20/19 @ 10:00AM | 1<sup>st</sup> Grade Parents |
| 2<sup>nd</sup> | 1<sup>st</sup> Communion Reception  
4/26/20 @ 3:00PM | 3<sup>rd</sup> Grade Parents |
| 5<sup>th</sup> | Living Stations of the Cross  
4/2/2020 @ 1:30PM  
4/3/2020 @ 6:30PM | 5<sup>th</sup> Grade Parents |
| 8<sup>th</sup> | Graduation Celebration  
5/15/20 @ 9:00AM -11:00AM  
Graduation  
5/19/20 @ 6:00PM | 7<sup>th</sup> Grade Parents |
| All Grades | Race for Education  
October 11, 2019 - 10:15AM to 2:40PM | |
| All Grades | Field Day  
May 18, 2020 – 8:30AM to Noon | |
PTO Snack Days on the 2nd Thursday of each month are back! This year children can purchase a Snack Day Card for $5.00 which will entitle them to choose from variety of treats. Each month, the Snack Day will be sponsored by a grade level (see schedule below). Parents in the sponsoring grade level will be asked to send 2 dozen of any of the items listed on the back of this flyer and volunteer to help run the sale on the designated day. All proceeds from the purchase of the Snack Day Cards go to the classroom teachers for needed items for the class.

SEPTEMBER 12th..........JUNIOR HIGH
OCTOBER 10th............SIXTH GRADE
NOVEMBER 14th...........FIFTH GRADE
DECEMBER 12th..........FOURTH GRADE
JANUARY 9th.............THIRD GRADE
FEBRUARY 13th..........SECOND GRADE
MARCH 12th..............FIRST GRADE
APRIL 9th..................KINDERGARTEN
MAY 14th..................PRE-K
SAFE SNACK LIST

Only snacks from this list will be available for students to choose from. Thank you for your consideration and support in keeping the food-allergic child safe from having a life-threatening allergic reaction at school.

<table>
<thead>
<tr>
<th>CRACKERS AND CHIPS</th>
<th>CANDY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goldfish Crackers</td>
<td>Air Heads</td>
</tr>
<tr>
<td>Keebler Snack Sticks</td>
<td>Dum-Dum Suckers</td>
</tr>
<tr>
<td>Kraft Handi-Snacks</td>
<td>Hershey’s Milk Chocolate Kisses</td>
</tr>
<tr>
<td>Annie’s Bunnies</td>
<td>Jolly Ranchers</td>
</tr>
<tr>
<td>Cheez-It Party Mix</td>
<td>Laffy Taffy</td>
</tr>
<tr>
<td>Popcorn</td>
<td>Mike and Ike’s</td>
</tr>
<tr>
<td>Pretzels</td>
<td>Mints</td>
</tr>
<tr>
<td>Wheat Thins</td>
<td>Pixie Sticks</td>
</tr>
<tr>
<td>Pirate’s Booty</td>
<td>Rolos</td>
</tr>
<tr>
<td>Bugles</td>
<td>Sixlets</td>
</tr>
<tr>
<td>Cheetos</td>
<td>Smarties</td>
</tr>
<tr>
<td>Doritos</td>
<td>Starbursts</td>
</tr>
<tr>
<td>Fritos</td>
<td>Hershey’s Kissables</td>
</tr>
<tr>
<td>Potato Chips</td>
<td>Junior Mints</td>
</tr>
<tr>
<td>Pringles</td>
<td>Life Savers (hard and gummy)</td>
</tr>
<tr>
<td>Sun Chips</td>
<td>Milk Duds</td>
</tr>
<tr>
<td>Tostitos</td>
<td>Nerds</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CUPCAKES, COOKIES &amp; SWEETS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teddy Grahams</td>
</tr>
<tr>
<td>Graham Crackers</td>
</tr>
<tr>
<td>Animal Crackers (Austin Zoo, Barnum)</td>
</tr>
<tr>
<td>Vanilla Wafers</td>
</tr>
<tr>
<td>Nutrigrain cereal/yogurt bars</td>
</tr>
<tr>
<td>Fig Newtons</td>
</tr>
<tr>
<td>Fruit Snacks</td>
</tr>
<tr>
<td>Pop Tarts</td>
</tr>
<tr>
<td>Pop Tart Snack Sticks</td>
</tr>
<tr>
<td>Hostess Cupcakes, Twinkies, Ho Hos, Ding Dongs</td>
</tr>
<tr>
<td>Kellogg’s Rice Krispie Treats (original)</td>
</tr>
<tr>
<td>Oreo (regular or golden)</td>
</tr>
<tr>
<td>Keebler Fudge Stripes, Grasshoppers and E.L. Fudge Sandwiches</td>
</tr>
<tr>
<td>Nabisco Lorna Doone Shortbread</td>
</tr>
<tr>
<td>Krispy Kreme Glazed Donuts</td>
</tr>
<tr>
<td>Hostess Brand Donuts (powdered, frosted or glazed)</td>
</tr>
<tr>
<td>Hostess Muffins (mini or regular)</td>
</tr>
</tbody>
</table>

*Food labels and ingredients may change over time. It is always recommended that you read the label before purchasing snacks. Please read labels carefully to make sure that products are nut free. This includes labels that read "may contain traces of peanuts/nuts".*
TEACHER: ___________________________ CLASS: __________

- **HOMEROOM PARENT** (teachers will choose and contact parent):
  1. NAME: ______________________ PHONE: __________________
  2. NAME: ______________________ PHONE: __________________

- **PTO SNACK DAY CHAIRPERSON**:
  1. NAME: ______________________ PHONE: __________________

**SNACK DAY HELPERS**:
  1. NAME & #: ____________________  4. NAME & #: ____________________
  2. NAME & #: ____________________  5. NAME & #: ____________________
  3. NAME & #: ____________________  6. NAME & #: ____________________

- **CHRISTMAS PARTY CHAIRPERSON**:
  NAME: ______________________ PHONE: __________________

**CHRISTMAS PARTY HELPERS**:
  1. NAME & #: ____________________  3. NAME & #: ____________________
  2. NAME & #: ____________________  4. NAME & #: ____________________

- **VALENTINE PARTY CHAIRPERSON**:
  NAME: ______________________ PHONE: __________________

**VALENTINE PARTY HELPERS**:
  1. NAME & #: ____________________  3. NAME & #: ____________________
  2. NAME & #: ____________________  4. NAME & #: ____________________

- **UNBIRTHDAY PARTY CHAIRPERSON**:
  NAME: ______________________ PHONE: __________________

**UNBIRTHDAY PARTY HELPERS**:
  1. NAME & #: ____________________  3. NAME & #: ____________________
  2. NAME & #: ____________________  4. NAME & #: ____________________
• **TERRA NOVA TESTING SNACK COORDINATOR:**
  
  NAME: ___________________________  PHONE: ___________________________

  **STANFORD SNACK CONTRIBUTORS:**
  
  1. NAME & #: ___________________________
  2. NAME & #: ___________________________
  3. NAME & #: ___________________________
  4. NAME & #: ___________________________
  5. NAME & #: ___________________________

• **YEARBOOK PHOTO CHAIRPERSON:**
  
  NAME: ___________________________  PHONE: ___________________________

• **FIELD DAY CHAIRPERSON:**
  
  NAME: ___________________________  PHONE: ___________________________

  **FIELD DAY HELPERS**
  
  1. NAME & #: ___________________________
  2. NAME & #: ___________________________
  3. NAME & #: ___________________________
  4. NAME & #: ___________________________
  5. NAME & #: ___________________________

Teachers: After the sign-up is completed, transfer the information to this form and turn in a copy to the office. It is your responsibility to contact the chairpersons and notify them of dates, meetings, etc.

You must make sure that your volunteers have completed Safe Environment Training, have completed a background check AND have certification in CMG Connect online before they volunteer.