

Trenton Catholic Academy  
*School/Parent Commitment*

When you send your child/children to Trenton Catholic Academy, you are making an academic and spiritual decision. That decision encompasses a great amount of trust in who we are and what we are all about.

We need to know that you, as parents, the prime educators of your children are supportive and enthusiastic about our academic goals and our spiritual endeavors. This commitment will indicate to us that you have read, understood and accepted what is written in this handbook.

**Please sign and return this form to Trenton Catholic Academy by  
September 18<sup>th</sup>**

**ACKNOWLEDGEMENT AND RECEIPT**

The handbook containing the policies, rules and regulations for Trenton Catholic Academy can be found on the [trentoncatholic.org](http://trentoncatholic.org) website. I have read the handbook and I understand and agree that the handbook is binding on the students and parents during the current academic year. I understand and agree that the administration of Trenton Catholic Academy will have the authority set forth in the handbook.

I understand that the policies, rules and regulations contained in the handbook are established for the welfare and benefit of all students. I understand my responsibility to support the school in the policies it has established, and to see that my child adheres to the rules and regulations set forth in the handbook.

---

Name of Student

---

Signature of Parent/Guardian

---

Signature of Parent /Guardian

---

Date

Trenton Catholic Academy  
Health Services Office

REQUEST FOR MEDICATION TO BE ADMINISTERED BY SCHOOL NURSE

Name of Student: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Homeroom Teacher: \_\_\_\_\_

Parental Request

I, the parent/guardian of \_\_\_\_\_ request that the medication prescribed by my child's physician be administered to my child by the school nurse at the prescribed time.

I agree to bring a weekly supply of the medication to the school nurse. The medication will be brought to school in its original container appropriately labeled by my pharmacy.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number

Physician's Statement

In order to protect the health of \_\_\_\_\_ it is necessary for him/her to have the following medication during school hours.

Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_

Time to be Administered: \_\_\_\_\_

Purpose of Medication: \_\_\_\_\_

Possible Side Effects: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

I authorize the school nurse to administer the above medication.

\_\_\_\_\_  
Signature of Prescribing Physician

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Physician Name

\_\_\_\_\_  
Phone Number



# Trenton Catholic Academy

at McCorristin Campus

177 Leonard Avenue • Hamilton, NJ 08610-4807 • Tel: (609) 586-5888 • Fax: (609) 631-9295  
trentoncatholic.org

Dear Parents:

In order to insure the safety of your child we must know how he/she is to go home.

Please complete the form below and return it to school tomorrow. Be sure to note any special instructions. For example, my child will go home by bus on Monday, Tuesday and Wednesday and will be picked up by car Thursday and Friday.

Thank you for your cooperation.

Mrs. Anne Reap  
Lower School Director

---

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Bus \_\_\_\_\_

Car \_\_\_\_\_

Walk \_\_\_\_\_

Afterschool \_\_\_\_\_

Special  
Instructions \_\_\_\_\_  
\_\_\_\_\_

Parent  
Signature \_\_\_\_\_

*Expect the Exceptional*

## TECHNOLOGY ACCEPTABLE USE AGREEMENT for STUDENTS \*

I/We, the undersigned parent(s)/guardian(s), have read, understand, and agree to abide by the provisions of the Technology Acceptable Use Policy, as published in the school policy handbook. I/We further acknowledge and accept responsibility for any violation of this policy made by my/our child/children. Any violation of this policy will or may result in suspension of internet /technology privileges and will incur disciplinary action as stated in the local school disciplinary code.

If technology is used in the Pre-Kindergarten classes then parents and students, to the degree the students understand, have to be informed of this policy and the parent/guardian must sign the student form.

### STUDENTS IN GRADES K-12

Date \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

I, the undersigned student, have read, understand, and agree to abide by the provisions of the Technology Acceptable Use Policy as published in the school handbook.

Date \_\_\_\_\_ Student Signature \_\_\_\_\_

Any student who cannot print or write their name may be excluded from signing this form. This refers especially to Pre-Kindergarten and Kindergarten students.

- Students must sign this form and the form is to be kept on file in the school office. It is up to the administrator(s) of the school to decide how to inform all the students about the contents of this policy.



# Trenton Catholic Academy at McCorrstin Campus

177 Leonard Ave. • Hamilton, NJ 08610-4807 • (609) 586-5888  
Fax (609) 631-9295 • trentoncatholic.org

September 2014

Dear Parents,

Through the course of the 2014-2015 school year, there will be opportunities to record events at Trenton Catholic Academy through photographs.

Please indicate below your permission to take pictures of your child/ren and to publish the photographs(s) if selected.

Sincerely yours,

Mrs. Anne Reap  
Lower School Director

---

*Detach and return tomorrow*

\_\_\_\_\_ I give my permission to have my child's photo taken and published if selected.

\_\_\_\_\_ I DO NOT give my permission to have my child's photo taken and published if selected.

---

Signature of Parent/Guardian

Student Name and Grade

---

Date

*Expect the Exceptional*

# Trenton Catholic Academy

## Pest Patrol

Exterminating

4 Clive Court

609-882-8550

Ewing, N.J. 08638

2014-2015

Page 1

For your protection, pest control services are performed here. Pesticides which may be used are listed below. For more information contact 609-882-8550. The dates checked below show past and proposed applications.

CODES	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					
A																																				
M																																				
J																																				
N																																				
J																																				
L																																				
A																																				
S																																				
C																																				
N																																				
D																																				

Code #	Brand Name	E.P.A.	Code #	Brand Name	E.P.A.
1	Snap Traps, Rat		13	Quintox Pellets	3240-42-12455
2	Snap Traps, Mice		14	Quintox Seed	3240-28-12455
3	Glue Boards		15	Confrac Blox	12455-79
4	Insect Trap, Monitors		16	Ditrac T.P.	12455-56
5	Max F Disc - Ants	432-1252	17	Drione Dust	432-992
6	Max F.F.C. Disc -Ro	432-1257	18	P1565 XL O	499-290
7	Max F.F.C. Select Gel	432-1259	19	Precor IGR.	2724-352
8	Max.F.F.C. Ant Gel	432-1264	20	Precor 2000 Plus	2724-490
9	Advert CR. Bait	499-294	21	WL 250 Propoxur	499-501
10	Terro Ant Gel	149-8	22	Wt Cykick C.S.	499-304
11	Gourmet Ant Gel	73766-1	23	Wt Cykick C.S.P.	499-303
12	Baygon Bait	3125-121	24	Prelude E.C.	10182-95
			25	Tempo Ultra W.P.	432-1304

### Consumer Information Notice

The following information on this posting is being provided to you in conjunction with the New Jersey Department of Environmental Protection, Pesticide Control Programs regulation, N.J.A.C. 7:30-9.12. It is designed to inform you of important information concerning safety and treatment history of this establishment's pesticide usage.

Sanitation, as well as physical and biological control measures, should be considered as another part of a good pest control program. Pesticides may be used as another part of a good pest control program. Pesticides are substances used to control living organisms and vary in degree of toxicity.

**Trenton Catholic Academy**

**Pest Patrol**

Exterminating

4 Clive Court

609-882-8550

Ewing, N.J. 08638

2014-2015

=====  
Page 2

Parties interested in general health information, may contact the National Pesticide Information Center at (800) 858-7378. For emergency situations, contact the New Jersey Poison & Education System at 1(800) 222-1222. New Jersey DEP, Pesticide Control Program informational Number is (609) 984-6507 (This number is for pesticide regulations information, complaints & health referrals).

Upon request, a copy(ies) of the pesticide label for the pesticide(s) listed above will be provided by the contracting party or the applicator business listed above.

Please sign and return to Trenton Catholic Academy

---

I, the undersigned, have read and understood the above information. I also understand that the New Jersey Department of Environmental Protection, Pesticide Control Programs regulation, N.J.A.C. 7:30-9.12 requires that the above information be posted for the benefit of the building's employees. I agree to allow the above mentioned Applicator Business to post the document in accordance with these regulations.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Name \_\_\_\_\_ Grade \_\_\_\_\_



# Trenton Catholic Academy

## at McCorristin Campus

177 Leonard Ave. • Hamilton, NJ 08610-4807 • (609) 586-5888  
Fax (609) 631-9295 • [trentoncatholic.org](http://trentoncatholic.org)

We hereby consent as parents/guardians of \_\_\_\_\_  
to have him/her accompany other students and teachers of Trenton Catholic Academy to Kuser Park and  
McCorristin Square throughout the year and agree that, in consideration of our child being permitted to join in  
said trip, we each will hold harmless and indemnify the school and the Diocese of Trenton and their agents and  
employees against any and all claims for injury to our child involving said trip.

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_