

**Immaculate Conception Catholic School**  
PK – 8<sup>th</sup>

750 N. Bill Gray Road / Cottonwood, AZ 86326  
www.iccs-k8.org / info@iccs-k8.org / Phone (928) 649-0624  
Fax (928) 649-1191

**“Academics...Discipline...Service...all in the Spirit of Christ.”**

---

## **Student Learning Expectations**

### **Learn the Catholic Faith**

- Live the Gospel message
- Make morally responsible decisions
- Develop a prayerful and personal relationship with God
- Value the sanctity of life from conception to natural death
- Actively participate in Liturgy and prayer services

### **Exhibit Respectful Effective Communication**

- Share ideas clearly in oral, written, and other visual formats
- Resolve conflicts peacefully
- Practice good manners
- Is an active respectful listener to the ideas of others

### **Achieve Academic and Intellectual Excellence**

- Prepare for higher education and to become lifelong learners
- Think critically to recognize and solve problems
- Display a continuing curiosity and enthusiasm for learning
- Demonstrate mastery of Diocese Standards
- Use technology effectively and responsibly

### **Demonstrate Morally Responsible Leadership**

- Respect and Celebrate diversity
- Reach out to those in need
- Demonstrate stewardship for the earth and its resources
- Be trustworthy and responsible
- Be punctual for school and have good attendance

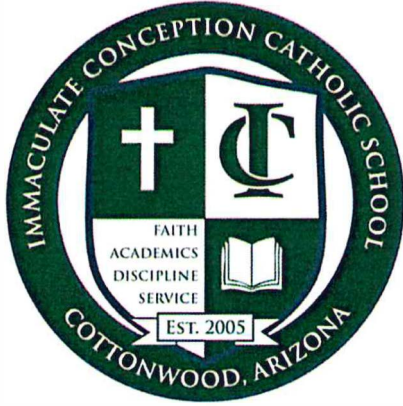
I have read and discussed the learning expectations listed below with my child. I understand the importance of these goals and will encourage my child to strive to fulfill them.

---

Student Name

---

Parent Signature



**Immaculate Conception Catholic School**  
PK – 8<sup>th</sup>

750 N. Bill Gray Road / Cottonwood, AZ 86326  
www.iccs-k8.org / info@iccs-k8.org / Phone (928) 649-0624  
Fax (928) 649-1191

**“Academics...Discipline...Service...all in the Spirit of Christ.”**

---

**Immaculate Conception Catholic School Handbook Agreement**

Dear Parents/Guardians and Students,

We are excited to welcome you to a wonderful year of learning. The staff at Immaculate Conception Catholic School is looking forward to the school year. We want to continue (or begin) our partnership in your growth as a family. It is our vision to assist each student in his or her learning and help them become the person God has planned.

This year we are trying to conserve paper by taking advantage of technology. By making the handbook available online at [www.iccs-k8.org](http://www.iccs-k8.org) we are doing our part to cut down on unnecessary waste. Our handbook is filled with vital information regarding school policy and procedures. I require that students and parents review the contents of the online handbook together. Should you have any questions that remain unanswered, please bring them to our staff's attention. Our pastors and we want all parents and students to be clear about our expectations and responsibilities.

Sincerely,

Mr. Hernandez

Below is acknowledgment that you and your child have reviewed the handbook online and the additional policy changes. Please sign it and return to the school office.

---

My child, \_\_\_\_\_ and I have seen and reviewed the handbook online and understand the Student Handbook. The handbook was found at [www.iccs-k8.org](http://www.iccs-k8.org).

---

Parent/Guardian Signature

Date

---

Student Signature

Date



*Immaculate Conception  
2022-2023  
Kindergarten - 8th Grade*

*Tuition Policy Fee Agreement*

**GRADES K – 8th**

**Session**

**5 Full Days**



**Annual Tuition**

**\$6,600**

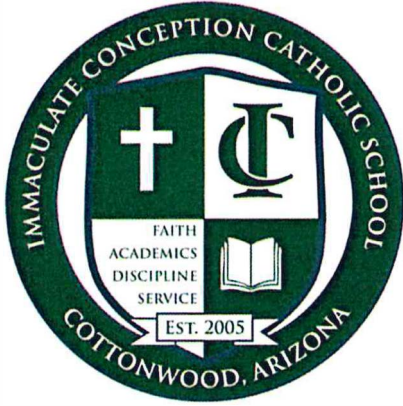
- A **\$50 Registration Fee** is payable at the time of registration and will hold the enrollment of your child. If we cannot accommodate your session the fee will be returned to you.
- **Full Annual Tuition** will be billed to the student account on August 1<sup>st</sup>. Scholarships and payments will be credited to the account as they are received. ICCS uses several STO scholarship foundations to help parents cover the annual tuition. The uniqueness of each STO causes monthly payments to vary, therefore an estimated monthly payment will be established and communicated to parents. **Monthly Payments** will help to cover the portion of tuition not covered by scholarships. Making monthly payments will help to avoid a potential large unpaid balance at the end of the year.
- Tuition is payable on a 10-month basis beginning **August 15th through May 15th**. Annual tuition needs to be paid in full by the last day of school.
- The first tuition payment and the month of withdrawal payment are non-refundable.
- Payments are considered delinquent if not received by the 20th of the month or the following school day.
- Tuition must be paid in full before student records can be released.
- Tuition payments may be made by credit/ debit card using FACTS or dropped off at the school office or mailed to:

Immaculate Conception Catholic School, 750 Bill Gray Rd., Cottonwood, AZ 86326.

Parent/Guardian Name \_\_\_\_\_

Please Print

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



**Immaculate Conception Catholic School**  
PK – 8<sup>th</sup>

750 N. Bill Gray Road / Cottonwood, AZ 86326  
www.iccs-k8.org / info@iccs-k8.org / Phone (928) 649-0624  
Fax (928) 649-1191

**“Academics...Discipline...Service...all in the Spirit of Christ.”**

---

**Catholic Diocese of Phoenix School**

**Photographic Release**

I hereby grant my consent to use and release to:

The Catholic Diocese of Phoenix and Immaculate Conception Catholic School/Parish the use of my name and my likeness or my child's name or likeness, whether in still, motion pictures, audio or video tape, photograph and/or reproduction of me or my child including voice and features with or without our names for any promotional purposes involving the diocese of parish or school, news feature stores in The Catholic Sun or other media or other purposes whatsoever, except for endorsement of any commercial products.

I further agree that the Catholic Diocese of Phoenix and Immaculate Conception Catholic School/Parish may use or cause to be used, these items for any and all broadcasts, publications, or reproductions, without limitation or reservation of any fee.

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

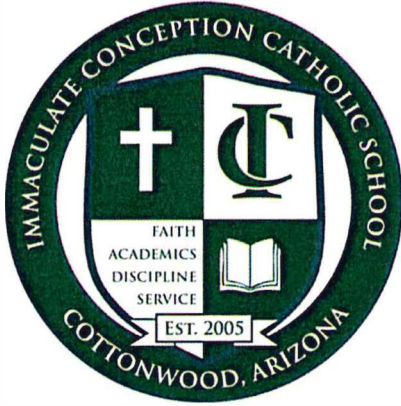
\_\_\_\_\_  
Date

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

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

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip



**Immaculate Conception Catholic School**

PK – 8<sup>th</sup>

Principal Antonio Hernandez

750 N. Bill Gray Road / Cottonwood, AZ 86326  
www.iccs-k8.org / info@iccs-k8.org / Phone (928) 649-0624  
Fax (928) 649-1191

**“Academics...Discipline...Service...all in the Spirit of Christ.”**

---

**As a student of Immaculate Conception Catholic School I agree to participate in all of the following:**

1. **CEA Campaign:** I will attend and promote the CEA Campaign which raises money for my child's scholarship money. I will attend mass at one of the three Catholic Parishes.

**Presentations at Mass:**

*Immaculate Conception Catholic Church(Cottonwood)-To Be Announced*

*St. John Vianney(Sedona)-To Be Announced*

*St. Frances Cabrini(Camp Verde)-To Be Announced*

I understand that participation will include attending the Masses listed above, handing out fliers and educating those around me.

2. **Catholic Schools Week:** I agree to have my child/children attend Mass at the following churches and times:

*Mass at St. John Vianney 01/29/23 10:00 A.M.*

*Mass at Immaculate Conception 02/05/23 9:00A.M.*

I realize it is important for my child/children to partake in these two masses so that the parishioners at each church will be aware of the unity of my child's school.

3. **All School Masses:** The second Sunday of every month is Immaculate Conception Catholic School All School Mass. All students and their families are expected to attend. Students should come dressed in their uniforms and are to follow mass day uniform guidelines.

4. **Tuition:** I understand that Immaculate Conception relies on the CEA campaign and tuition payments for the school budget. It is my responsibility to stay current with my tuition obligation. I understand that it is mandatory to pay my child's remaining tuition bill after scholarship monies have been applied. If I have a problem with my financial responsibility concerning my child's tuition balance I will contact the office to get the number of the Financial Assistance Committee member.

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

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

## Medication Form 2022-2023

Student Name: \_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_

I, \_\_\_\_\_, parent of \_\_\_\_\_, authorize the office staff of Immaculate Conception Catholic School to give my child the following medications as they deem necessary (please check all that apply):

Acetimenophen \_\_\_\_\_

Ibuprofen \_\_\_\_\_

Tums \_\_\_\_\_

Pepto Bismol \_\_\_\_\_

Cough Drops \_\_\_\_\_

Benadryl \_\_\_\_\_

By authorizing this form we will not call for permission to administer the above medications you have authorized above. We will, however, send a note home letting you know when we administer any medication to your child.

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

Date: \_\_\_\_\_

# Computer Rules

1. Wash hands before using the computers.
2. Set computers down carefully.
3. Open and close computers and treat the keyboard gently.
4. No food or drinks while using computers.
5. No social networking (Snap Chat, Instagram, etc.).
6. No gaming except educational games assigned by the teacher.
7. Inform the teacher immediately if any unusual warnings or inappropriate material appears on computer.
8. Do not cough or sneeze on the computers! Cover your nose and mouth and turn away from the computer if you need to cough or sneeze.
9. No inappropriate use of the computers or inappropriate printing of pictures.
10. No changing of screen settings, computer settings or overriding school filters.

I have read and understand the computer lab rules. Failure to comply with these rules will result in a loss of computer lab privileges.

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

## ***Immaculate Conception Catholic School EIS User Agreement***

### **Use of Technology Resources in Instruction (Appropriate Use of Electronic Information Services (EIS))**

(Please read this document carefully. When signed it becomes a binding agreement.)

#### **TERMS AND CONDITIONS**

***Acceptable Use:*** *I acknowledge* that access to the Internet and to Immaculate Conception Catholic School's computers, software, and the use of an Internet account is a privilege, and not a right, and may be revoked at any time for any reason deemed sufficient by personnel of Immaculate Conception Catholic School. I will use the service to support personal education objectives that are exclusively within the educational goals and objectives of Immaculate Conception Catholic School. Inappropriate use may result in cancellation of use of information services and appropriate disciplinary action, up to and including dismissal of employees and expulsion of students. I will not obtain access to, submit, publish, display, or retrieve materials forbidden by software licenses, laws, or Immaculate Conception Catholic School's policies and regulations. I agree and understand my computer use will be monitored.

***Personal Responsibility:*** *I will* report any misuse of the information services by me or by another person to a parent, teacher, or the system administrator, as appropriate. I will not reveal user identification or password in any manner to any person not expressly authorized by Immaculate Conception Catholic School to make use of it, and I will be personally responsible for all transactions and use made under the authorization of my user I.D. or password.

***I understand*** that many services and products are available for a fee and acknowledge my personal responsibility for any expenses incurred without Immaculate Conception Catholic School's authorization.

***I acknowledge*** that Arizona law provides criminal penalties, including fine and imprisonment, and that I may be prosecuted for, and I hereby agree not to engage in or permit others to engage in, (1) intentional intercepting an electronic communication to which I am not a party, or permitting another person to do so, without the consent of the sender or receiver of that communication; (2) without authorization, or by exceeding my authorization, accessing, altering, damaging, or destroying any computer or computer system, network, software, program, or data contained in any computer, computer system or network. These offenses shall also constitute a violation of this agreement and of the policies of Immaculate Conception Catholic School.

***Network Etiquette:*** I am expected to abide by the generally acceptable rules of network etiquette.

Therefore, ***I will:***

- Be polite and use appropriate language. I will not send, or encourage others to send, abusive messages or other data containing profanity or sexually suggestive or vulgar language.
- Respect privacy. I will not reveal any home addresses or personal phone numbers.
- Avoid disruptions. I will not use the network in any way that would disrupt use of the systems to others.
- Observe these other considerations:
  - Be brief, try to use correct spelling and make messages easy to understand, use short and descriptive titles for my articles, post only to known groups,

***I will not*** participate in any chat rooms unless previously authorized by the Immaculate Conception Catholic School's principal, computer lab administrator, and sponsoring teacher.

***Services:*** Immaculate Conception Catholic School specifically denies any responsibility for the accuracy or privacy of information. The issuance of a password does not guarantee privacy for the use of computers or services available through their use. While Immaculate Conception Catholic School will make an effort to ensure access to proper materials, the user has the ultimate responsibility for how the electronic information service (EIS) is used and bears the risk of reliance on the information obtained.

***I have read, understand, and agree*** to abide by this agreement and the Immaculate Conception Catholic School's policy and regulations on appropriate use of the electronic information system. I understand that any violations of the above terms and conditions may result in disciplinary action, up to and including dismissal of employees and expulsion of students, and the revocation of my use of information services.



**STUDENT AND PARENT/GUARDIAN**  
**SIGNATURE PAGE**

I have read, understand and agree to abide by this agreement and the Immaculate Conception Catholic School's policy and regulations on appropriate use of the electronic information system (EIS). I understand that any violations of the above terms and conditions may result in disciplinary action, up to and including dismissal of employees and expulsion of students, and the revocation of my use of information services. I also understand that I am entitled to appeal suspension or revocation of use/access and to due process described in the Immaculate Conception Catholic School's Handbook in the event of disciplinary action.

**Student Name (printed):** \_\_\_\_\_

**Grade** \_\_\_\_\_ **Teacher** \_\_\_\_\_

**Student Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

A student must also have the signature of a parent or guardian who has read this agreement with them.

***Parent or Guardian Cosigner,***

As the parent or guardian of this student, I have read this agreement and Immaculate Conception Catholic School's policies and regulations on use of technology resources. I also understand that it is impossible for Immaculate Conception Catholic School to restrict access to all controversial, obscene, pornographic, or other objectionable materials, and I will not hold Immaculate Conception Catholic School responsible for materials acquired by use of the information services. I also agree to report any misuse of the EIS to a Immaculate Conception Catholic School's administrator or faculty member. Misuse may come in many forms, but can be viewed as any messages sent or received that indicate or suggest pornography, unethical or illegal solicitation, racism, sexism, inappropriate language, or other issues described in the agreement. I accept full responsibility for supervision if, and when, my child's use of the EIS is not in a school setting. I hereby give my permission to have my child use the EIS, subject at all times to the terms of this user agreement and Immaculate Conception Catholic School's policies and regulations on use of technology resources.

**Parent/Guardian Name (printed):** \_\_\_\_\_

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

**Student Transportation Record 2021-2022 School Year**

Please complete this form and return with your beginning of year paperwork.

Student Name: \_\_\_\_\_

My child will be transported to school as listed below:

	M a.m.	M p.m.	T a.m.	T p.m.	W a.m.	W p.m.	Th a.m.	Th p.m.	Fri a.m.	Fri p.m.
Bus										
Parent Pick Up										
Other (describe below)										

Please be sure to check off how your child will be transported to and from school each day. Any change in this plan will require a written request from parent or guardian. This is to help ensure the safety of your child(ren).

Parent/Guardian Signature: \_\_\_\_\_

\* Families can fill out one form for ALL students if they will be following the same transportation plan. Be sure to list all students names on this form.

Student's Grade \_\_\_\_\_

# Emergency Information and Immunization Record Card

Child's Name: \_\_\_\_\_ Date of Enrolment: \_\_\_\_\_ Updated: \_\_\_\_\_ Street  
Address: \_\_\_\_\_ Date of Disenrollment: \_\_\_\_\_ City,  
State & Zip Code: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex:  male  female

Mother or Guardian:
Name: _____
Home Address: _____
Hm. Ph: _____ Cell Ph: _____
Other Ph: _____ Other Ph: _____
Business Name: _____
Business Address: _____
Wk. Ph: _____
Signature: _____

Father or Guardian:
Name: _____
Home Address: _____
Hm. Ph: _____ Cell Ph: _____
Other Ph: _____ Other Ph: _____
Business Name: _____
Business Address: _____
Wk. Ph: _____
Signature: _____

## If Medical Care is Necessary, Call:

**DOCTOR:** \_\_\_\_\_  
Name Address Phone

**HOSPITAL:** \_\_\_\_\_  
Name Address Phone

**In case of injury or sudden illness, \_\_\_\_\_ will be called first. I hereby give authority to any hospital or doctor to render immediate aid as might be required at the time for his/her health and safety. It is understood by me that the expense of this service will be accepted by me.**

In case of an emergency, or if I cannot be contacted to pick up my child, I hereby authorize the following person(s) to pick up my child. Please call in the order provided.

(1) Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_

(3) Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_

(2) Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_

(4) Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_

The following person(s) may **not** remove my child from the facility:

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

**Custody papers have been provided and are on file at the facility.**  yes  no

This **Emergency Information and Immunization Record Card** is accurate and complete, front and back, and was provided by:  
Parent or Guardian printed name: \_\_\_\_\_ Email: \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# 2021-2022 Application for Free and Reduced Price School Meals

Complete one application per household. Please use a pen (not a pencil).

\*Please circle or highlight student's name if they are new to the District and/or in Kindergarten or Pre-K.

## STEP 1 List ALL infants, children, and students up to and including grade 12 in your household (if more spaces are required for additional names, attach another sheet of paper)

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related."  
Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals.

Child's First Name	MI	Child's Last Name	School Name	Foster Child	Homeless, Migrant, Runaway
	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Check all that apply

## STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR? Circle one: Yes / No

If you answered NO > Complete STEP 3.      If you answered YES > Write a case number here then go to STEP 4 (Do not complete STEP 3)      **Case Number:** \_\_\_\_\_  
Write only one case number in this space.

## STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

Are you unsure what income to include here?  
Flip to the back of this application and review the charts titled "Sources of Income" for more information.  
The "Sources of Income for Children" chart will help you with the Child Income Section.  
The "Sources of Income for Adults" chart will help you with the Adult Household Members Income Section.

**A. Child Income**  
Sometimes children in the household earn income. Please include the TOTAL GROSS income earned by all Children Household Members listed in STEP 1 here.

Child GROSS income: \$ \_\_\_\_\_  
How often? Weekly  Bi-Weekly  2x Month  Monthly

**B. All Adult Household Members (including yourself)**  
List only the Adult Household Members (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total GROSS income (amount before taxes and deductions) for each source in whole dollars only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)	GROSS Earnings from Work	How often?				Public Assistance/ Child Support/Alimony	How often?				Pensions/Retirement/ All Other Income	How often?			
		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly
	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**C. Total Household Members** (Children and Adults) \_\_\_\_\_  
Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member: X X X X \_\_\_\_\_  
Check if no SSN

## STEP 4 Contact information and adult signature      Return Completed Form to: 1 N Willard St, Cottonwood, AZ 86326 or bcampista@cocsd.k12.az.us

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Signature of adult completing the form: \_\_\_\_\_ Today's date: \_\_\_\_\_ Daytime Phone Number: \_\_\_\_\_  
Printed name of adult completing the form: \_\_\_\_\_ E-mail address - If you would like your confirmation letter by e-mail: \_\_\_\_\_  
Street Address (if available): \_\_\_\_\_ Apt #: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**OFFICE USE ONLY**  Error Prone

Eligibility: Free \_\_\_ Reduced \_\_\_ Denied \_\_\_  
Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Case # Application     Foster Application     Directly Certified; Date of Disregard: \_\_\_\_\_  
 Income Application  
Household Size: \_\_\_\_\_  
Total Income: \_\_\_\_\_ Per:  Week     Bi-Weekly (Every 2 Weeks)     2x Month     Monthly     Annual  
 Selected For Verification: Confirming Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Follow-Up Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_