



St. Francis Xavier Academy
2700 O Street, SE Washington, DC 20020
Telephone (202) 581-2010 Fax (202) 581-1142
Website: Stfrancisxaviercade.org

Harold L. Thomas, Principal

Rev. Mark A. Cusick, Pastor

Gray Notes 01/09/2020

Memory Verse: "And behold, the star that they had seen at its rising preceded them, until it came and stopped over the place where the child was...Then they opened their treasures and offered him gifts of gold, frankincense, and myrrh." – Matthew 2:9, 11b



COMMUNITY MASS

Come worship with us at St Francis Xavier Catholic Church on Sunday, January 19th at 11:00 am. Please join us as we welcome Archbishop Wilton Gregory. All students attending this Mass will receive a religion grade for their attendance. If a student is unable to attend the Mass, they must contact their religion teacher for assignments. Students attending Mass will receive an incentive for their attendance.

MID-YEAR SCANTRON PERFORMANCE SERIES TESTING

Middle of the year Scantron Performance Series Testing begins this week. Students in grades 1 through 8 are being tested. We ask that you make certain that your child gets ample rest, eat a balanced meal and arrives to school on time each day in preparation for testing.



ROCKSTAR – NEW YEAR'S CELEBRATION

Saint Francis Xavier Academy is preparing for our upcoming Rockstar "New Year's Celebration" on Friday, January 17, 2020. Outlined below are the qualities students must consistently exhibit in order to be considered a St. Francis Xavier Academy Rock Star!

Rock Star characteristics include

- Being present and on time daily.
- Wearing complete correct uniforms daily.
- Displaying appropriate behavior daily.

MENTORING PROGRAM

We have started our after school mentoring program through the Youth Leadership Foundation for students in grades 2nd-8th. The program takes place every Thursday from 3:30 pm to 5:00 pm. We currently have space for more girl participants. If you would like your child to participate, please click this link to register: Youth Leadership Foundation SFX Mentoring Program, or contact Dr. Nicole Johnson at Nicole.johnson@catholicacademies.org (202) 581-2010 for more information.

PRAISE DANCE WORKSHOP

Express yourself through the art of praise dance! Get in touch with your inner-creative self. Praise dance allows you to worship God through movement. It allows you to express yourself in a manner that is both good for the body and soul. Let ALL that has breath praise the Lord. The Parent and Student workshop is instructed by Ms. Lonon on Saturday, January 18, 2020 from 9:00 am until 10:30 am at Saint Francis Xavier Academy's Multi-purpose room. If interested please register online at <http://sfx-praise-dance-workshop.ticketleap.com/>

END OF THE YEAR SCHOOL-WIDE TRIP TO SIX FLAGS

Join us for our End of the School Year Field Trip to Six Flags Great Adventure Amusement Park (Jackson, New Jersey) on Monday, June 1, 2020. Please see the attached flyer for additional information. Please note, the first payment and field trip permission form must be submitted by January 29th in order to reserve a slot.

FINGERPRINTING POLICY CHANGE

This is to inform you that there are new fingerprinting policies. All parents who wish to participate in school-related field trips **must** be fingerprinted. The new policy went into effect on January 1, 2020. Please contact the school's Administrative Office for details.

INCLEMENT WEATHER POLICY

In case of inclement weather, parents should listen to the local radio and television stations for updates. You may also receive a message from the school via "School Notify" regarding closings, delayed openings or early dismissals. **We follow PRINCE GEORGE'S COUNTY PUBLIC SCHOOLS for weather related emergencies.**

If Prince George's County Public Schools open two hours late due to inclement weather, Saint Francis Xavier Academy will open two hours late.

PLEASE NOTE: On days of delayed openings Before Care is not available.

If Prince George's County Public Schools open two hours late due to inclement weather on a previously scheduled early dismissal day for Saint Francis Xavier Academy, Saint Francis Xavier Academy will not open.

School may open late or close early due to inclement weather or other emergencies. It is important that the school has current emergency contact information to reach parents/guardians or other designated persons when there are early closings. Please be advised that during such emergencies, the Extended Care Program will not be offered. Please refer to the 2019-2020 Parent/Student Handbook.

CALENDAR

January 2020

- 10 Mass
- 17 Liturgy Service (Pre-K through Grade 6)
Rockstar – New Year’s Celebration
- 19 Mass w/Archbishop Gregory
- 20 **Martin Luther King, Jr. Day (School Closed)**
- 21 **2nd Installment of Graduation Fee Due**
- 24 Mass
March for Life (Grades 7 and 8)
- 26 Catholic Schools Week (01/26 – 01/31)
- 31 **Faculty Retreat (School Closed for Students)**
2nd Quarter Ends

February 2020

- 3 Black History Month Begins
- 5 **Early Dismissal @ 12:30 pm**
1st Semester Awards Program
- 7 Prayer Service
- 13 Winter Break (02/13 – 02/14) School Closed
- 17 **President’s Day (School Closed)**
- 18 **School Resumes**
- 21 Mass
Black History Program
- 26 Ash Wednesday Mass
“Dress Up/Wear Purple” Fundraiser
- 28 Mass

March 2020

- 4 **Early Dismissal @ 12:30 pm**
- 6 Mass
Stations of the Cross (Grades 1 and 2)
- 9 Staff “Spring” Collaboration Day (School Closed for Students)
- 13 Mass
Stations of the Cross (Grades 3 and 4)
- 19 Lifetouch Spring Photos Taken
- 20 Mass
Stations of the Cross (Grades 5 and 6)
3rd Installment of Graduation Fee Due
- 27 Mass
Stations of the Cross (Grades 7 and 8)



Join us for our End of the School Year Field Trip!

Who: St. Francis Xavier Students, Staff & Family Members

Where: Six Flags Great Adventure Amusement Park

1 Six Flags Blvd.
Jackson, New Jersey 08527

What: A day of school-wide fun & fellowship

When: Monday, June 1, 2020

Time: 7:00a.m.-6:30p.m. *(Buses will depart from & return to SFXA.)*

Cost: \$100 per person for ages 4 and up

This price includes admission to the Theme park, Animal Safari, Bus refreshments, a lunch voucher for a meal of your choice from one of the park eateries and a motorcoach bus ride.

Primary students in Pre-K to 2nd grade must be accompanied by a chaperone.

The first payment MUST be submitted by January 29th along with a permission slip, to reserve a slot. All payments are non-refundable.

See the payment plan below.

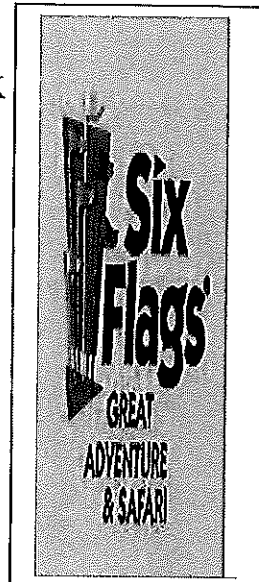
Installment #1-\$25.00pp. due by 1/29/20

Installment #2-\$25.00pp. due by 2/28/20

Installment #3-\$25.00pp. due by 3/30/20

Installment #4-\$25.00pp. due by 4/29/20

Please turn all monies into Mrs. Washington only, on or before the designated dates. Thanks





FIELD TRIP PERMISSION FORM

ARCHDIOCESE OF WASHINGTON – Catholic Schools

FORM 13

Participant's Name: _____ Sex: Male Female Birth Date: _____
Print Student's Legal Name *mm/dd/yyyy*

Parent/Guardian Name: _____

Home Address: _____

Home Phone: () - - Alt. Phone: () - - Ext. _____

Consent and Release of Liability

I, _____, grant permission for my child, _____, to participate in this school event that may require transportation to a location away from the school site. This activity will take place under the guidance and direction of school employees and/or volunteers from **St. Francis Xavier Catholic Academy**.

A brief description of the activity follows:

Type of Event: End of the Year School-Wide Trip

Date of Event: Monday, June 1, 2020

Estimated Time of Departure from School: 7:00 am Estimated Time of Return to School: 6:30 pm

Cost of the Event: \$100.00 (NO REFUNDS)

Destination of Event: Six Flags - Jackson, NJ

Individual In-charge: Mrs. Washington

Mode of Transportation To/From Event: Chartered Bus

As parent and/or guardian, I remain legally responsible for any personal actions 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 **St. Francis Xavier Catholic Academy**, its parish, officers, directors, employees and agents, and the Archdiocese of Washington, its employees and agents, chaperons, or representatives associated with the event, from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Archdiocese of Washington, its employees and agents and chaperons, or representative associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the parish/diocese.

Name of Parent/Guardian: _____
Print Parent/Guardian Full Name

Signature of Parent/Guardian: _____ Date: _____
Sign Your Name *Today's Date*

Completed Field Trip Permission Form and first installment **MUST** be submitted by January 29, 2020 in order to reserve a slot. (Form of payment accepted **CASH** only, **NO REFUNDS**)

- Installment #1 – \$25.00 due 01/20/2020
- Installment #2 – \$25.00 due by 02/28/2020
- Installment #3 – \$25.00 due by 03/30/2020
- Installment #4 – \$25.00 due by 04/29/2020

IMPORTANT MESSAGE

Parent/Guardian attending End of the Year trip and traveling via chartered bus **MUST** have successfully completed VIRTUS, background check and fingerprinting processes.

Medical Information and Acknowledgment

Parent/Guardian Acknowledgment: I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

Emergency Medical Treatment: In the event of an 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 non-emergency treatment by the hospital or doctor.

In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name: _____ Relationship to Student: _____
Print Full Name of Emergency Contact

Phone No. () - _____ Alt. Phone No. () - _____ Ext. _____

Health Care Provider: _____ Policy No.: _____

Primary Physician: _____

Signature of Parent/Guardian: _____ Date _____
Sign Your Name Today's Date

Non-Emergency Medical Treatment (If Applicable): In the event it comes to the attention of the parish, its officers, directors and agents, and the Archdiocese of Washington, chaperons, or representatives associated with the activity that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be notified immediately.

Signature of Parent/Guardian: _____ Date _____
Sign Your Name Today's Date

Medications (If Applicable): My child is taking medication at present. I will bring all such medications to the school, and such medications will be well labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are as follows:

Provide medication name(s) and dose(s) here:

Signature of Parent/Guardian: _____ Date _____
Sign Your Name Today's Date

No medication of any type, whether prescription or non-prescription, may be administered to my child unless the situation is life threatening and emergency treatment is required.

Signature of Parent/Guardian: _____ Date _____
Sign Your Name Today's Date

I hereby grant permission for non-prescription medication (such as non-aspirin products, i.e. acetaminophen or ibuprofen, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

Signature of Parent/Guardian: _____ Date _____
Sign Your Name Today's Date

Specific Medical Information: The school will take reasonable care to see that the following information will be held in confidence.

Allergic reactions (medications, foods, plants, insects, etc.): _____

Immunizations: Date of last tetanus/diphtheria immunization: _____

Does the participant have a medically prescribed diet? NO YES _____

Any physical limitations? NO YES _____

Is child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, fainting? NO YES _____

Has the participant recently been exposed to contagious disease or conditions, such as mumps, measles, chicken pox, etc.? NO YES Disease: _____ Date: _____

You should be aware of these special medical conditions of my child: