

Welcome to



Parent Orientation

Bill Sahm

President



John Hasty

Principal



- "Prepare the Trojans for path, not the path for the Trojans"
- Relevance, Rigor, Relationships
 - Parent Partnerships
 - Communication

John Hasty

Principal

Need to Reach out?

JHasty@bishopchatard.org





Matt Hilton

Director of Faith Formation

- Encountering Jesus Christ
- Authentic experiences of Catholicism
- Spiritual maturity ("spiritual toolbox")
- Retreats
- Liturgies
- Christian Service
- bishopchatard.org/ministry

Tim Boyle

Dean of Students



- Attendance

- Academic Integrity



Julia
Hasbrook

Director of Academics

- Curriculum and instruction
- Canvas
- Stay on track
- Orientation – August 7
 - (Transfer student orientation August 6)
- First day of school—August 8
- Back to School Night—August 14
- Difference between 8th grade and high school
- Be your own advocate



Monica
Helfrich

Director of School Counseling
Senior Class Counselor



Michelle Wilson

School Counselor
Grades 9 - 11
A-K



Sami Katra

School Counselor
Grades 9 - 11
L-Z



Abbey Saurine

College & Career Counselor
Grades 9 - 12



Allison Mayer

Registrar

- Role of School Counselors
- Class Schedules on PowerSchool
- Schedule Changes: Process and Deadlines

Andy Reel
Director of Student Life



- Over 30 clubs and extracurriculars
- Involvement is key
- 91.5% of students participated in at least one extracurricular activity
- Reach out if you need anything
- AReel@bishopchatard.org

Dylan Miller

Director of Technology



Here's How to Get Help

- Tech Counter
 - Located in the Cafeteria
 - Before & After School
 - During Seminar & Lunch

- Student emails only work with other BC emails
- Charging the iPad
- Updates
- If they forget their iPad at Home...



Broken or Missing/Stolen?

- Tech Counter
- Cost?
 - \$50
- Lost / Stolen
 - \$400



Kyle Reh

Athletic Director

- Final Form
 - Physicals & Eligibility
 - Athletic Department philosophy
 - Expectations for Student Athletes & Parents
 - Athletic Booster Club



Michael
Dlugosz

Food Service /
Cafeteria Manager

Meal Information and Payment

Quick Links

PARENT HOME PAGE

POWERSCHOOL

CANVAS

FACTS

MEAL MENUS & PAYMENT

FACULTY/STAFF DIRECTORY

FAMILY DIRECTORY SPOT

REPORT STUDENT ABSENCE

STUDENT HANDBOOK

BELL SCHEDULE

FORMS

PARENT APP INSTALLATION

UPDATE EMAIL

PARENT NEWSLETTER

Current News

Through the Sun Meals Program and the Indiana SUN Bucks program, families can get help for school age children's meals and snacks this summer.

[READ DETAILS](#)

Menus & Nutrition

What's for breakfast or lunch? How much does it cost? What's the nutritional info?

[VIEW MENUS, NUTRITIONAL & SPECIAL DIETARY NEEDS INFO](#)

Free & Reduced-Price Meals

Eligible families must reapply each year (with some exceptions) for this program. While applications typically open in July, they can be submitted at any time during the year if needed.

[GO TO FREE & REDUCED-PRICE INFO & APPLICATION](#)

Payment & Cafeteria Policies

Your MyMealTime account allows parents or students to periodically deposit money (either online or via dropboxes in the school) to pay for meals. Also read cafeteria payment policies here.

[GO TO PAYMENT & POLICIES](#)

 Apply

 Calendar

 Give

 Social




Make school lunch deposits, pay fees, and manage cafeteria accounts from anywhere on any device.

Register now for your FREE account.

Sign In/Register for My MealTime

Username

Password

☐ Remember me

Sign In

Register

[Forgot your username or password?](#)



Click to apply for free meals for the 2020-2021 school year!
(participating schools only)



Paying for Lunches

Payment Options

- All students pay for their lunch with a BC issued ID card connected to their MyMealtime account.
- **BCHS does not accept payment at the point of sale nor give change.**
- Money can be deposited into the MyMealtime account via either of these 2 methods:



1 Deposit money online via [MyMealTime](#)

MyMealTime is a point of sale system in which your account can be “loaded” with money and used as needed to purchase food in the cafeteria at lunch and before and after school. We encourage you to use this system. It also tracks purchases and gives low balance warnings.



NEW! MYMEALTIME MOBILE APP

2 Deposit Cash or Check in the dropbox

Submit cash or check (payable to Bishop Chatard) in envelope with student's name and six-digit ID number. Place in the dropbox outside the Cafeteria office (bottom of the stairs, Door #10) or mail (checks only) to: Bishop Chatard, Attn: Michael Dlugosz, 5885 Crittenden Ave, Indianapolis, IN 46220. Please do not mail cash. This money will be credited to the student's MyMealTime account. Allow 24 hours for processing.

Café Charging Policy

- It is the expectation that all students maintain a positive balance in their lunch account. It is the sole responsibility of the student and guardians (Not Bishop Chatard High school) to know their account status at all times.
- As a courtesy to our families, BCHS has established a \$9.30 overdraft limit on meals (This dollar amount equals 2 lunch meals for paid students and 12 days worth of meals for reduced students).
- At no time will a student ever be denied lunch because of their negative account status. However, students will not be permitted at any time to overdraft or charge ala carte foods.
- <https://www.bishopchatard.org/menus/lunch-payment/>

How to apply for Free/Reduced-Price Meals

One: Read Eligibility Questions and Instructions

- [English Version](#)
- [Preguntas e Instrucciones de Elegibilidad](#)

Two: Apply online through MyMealTime.com

1. Go to [MyMealTime.com](#), Free Reduced-Price Lunch Application



2. If you already have a MyMealtime account, use your username/password to login to the above link.
3. If you do not have a MyMealtime account, you will need to create one by clicking on 'Create A Profile.'
4. [Meal Time – QuickStart Flyer](#)
[MealTime: Detailed Instructions](#)

— OR — Use a Paper Application

- [Free/Reduced-Price Meals – Paper Application](#)
- [Solicitud de comidas escolares gratuitas o a precio reducido \(solicitud en papel\)](#)
- Drop off completed paper applications in the main office.

If you have any questions, please contact Michael Dlugosz, Director of Food Services, at [317-251-1451](tel:317-251-1451), Ext. 2240 or mdlugosz@bishopchatard.org

[HOW TO SETUP YOUR MYMEALTIME ACCOUNT](#)

What's the deal with the "Meal Deal"?



- Bishop Chatard Meal Deal is \$4.65
- Includes Grain, Meat, Vegetable, Fruit and Milk - Students must select a minimum 3 out of 5 food groups
- Students must select "The Meal Deal" in order to receive a reimbursable (free/reduced) meal.
- "Extra items and "Non-Program Foods" are sold as Ala Carte and not included in the "meal deal"

Request for Special Dietary Needs

Special Dietary Needs Medical Statement

This school/facility participates in a federally funded Child Nutrition Program and any meals, milk, and snacks served must meet program requirements. Reasonable meal accommodations must be made when the accommodation requested is due to a disability or impairment. If you are requesting a meal accommodation or substitution, please complete and sign this form. A physician note or statement may be required. If you have any questions, please contact Michael Douglas - Cafeteria Manager at (317) 251-1451 mldouglas@indianapolischools.org

Parent/Guardian:

Student's Name	Date of Birth	Grade Level/Classroom	Name of School/Site
Name of Parent/Guardian		Phone Number of Parent/Guardian	
Please provide an explanation below of how the student's physical or mental impairment restricts the student's diet.			
Allergies and Intolerances	What food(s)/type(s) of foods should be omitted? Please be as specific as possible.		
	List foods to be substituted.		
Signature of Parent/Guardian		Date	

Medical Authority:

Dietary Restrictions	The child requires foods be: <input type="checkbox"/> Pureed <input type="checkbox"/> Diced/Tinily Ground <input type="checkbox"/> Chopped/cut into bite-size pieces <input type="checkbox"/> Other (please specify):	Liquids should be: <input type="checkbox"/> Pudding Thick <input type="checkbox"/> Honey/Nectar Thick <input type="checkbox"/> Thinned <input type="checkbox"/> Other (please specify):
	Provide an explanation of how the student's physical or mental impairment restricts the student's diet.	
Other Comments	Describe any additional details for clarification such as required special adaptive equipment.	
Name of Physician/Medical Authority & Title (please PRINT)		Provider Phone Number
Signature of Physician/Medical Authority		Date
Signing the following section is optional, but may prevent delays by allowing school personnel to speak with the medical authority. Health Insurance Portability and Accountability Act Waiver (HIPAA) In accordance with the provisions of the Health Insurance Portability and Accountability Act of 1996 and Family Educational Rights and Privacy Act (FERPA), I hereby authorize _____ (medical authority) to release such protected health information of my child as is necessary for the specific purpose of Special Diet information to _____ (school/program), and I consent to allow the physician/medical authority to freely exchange the information listed on this form and in their records concerning my child, with the SCHOOL PROGRAM as necessary. I understand that I may refuse to sign this authorization without impact on the eligibility of my request for a special diet for my child. I understand that permission to release this information may be rescinded at any time except when the information has already been released. My permission to release this information will expire on _____ (date). This information is to be released for the specific purpose of Special Diet information. The undersigned certifies that he/she is the parent/guardian or representative of the person listed on this document and has the legal authority to sign on behalf of that person.		
Parent/Guardian Signature:		Date:

School/Faculty Use Only:

- | | |
|-------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Form Received on _____ | <input type="checkbox"/> Accommodation will begin on _____ |
| <input type="checkbox"/> Accommodations within meal pattern. | <input type="checkbox"/> Accommodations not within meal pattern. |
| <input type="checkbox"/> Form incomplete. Parent contacted on _____ | |
| <input type="checkbox"/> Form complete. Accommodation will not be made. | <input type="checkbox"/> Request not reasonable. <input type="checkbox"/> SDA coordinator contacted |

Date:

Signature of School/Facility Representative:

Questions? Get in touch!

Michael Dlugosz

(317) 389-0155 Ext. 2240

mdlugosz@bishopchatard.org



JT Funk

Vice President
of
Institutional Advancement



• What is Advancement?

- Enrollment
- Fund Development
- Special Events
- Alumni Relations
- Marketing/Communications

How can I be involved as a
parent?

Trinity Club

© Jennifer Priser







Christa Wynn

Vice President of Finance

- FACTS tuition statement
- Choice Scholarship Program
- Financial Aid applications
- Textbook Credit



Amy Hankins

Dir of Marketing & Communications



Ben Reilly

Vice Principal of Operations



Laura Gorr

Mental Health Counselor



Marilynn Fagan

Receptionist



Margaret Ruffing

Exec Director of Development



Brian Farrell

Asst Director of Campus Ministry

Questions?



Welcome to Bishop Chatard

BCHS Parent App

