

St. Mary's School
Kindergarten Forms
2019/2020

Forms attached:

Forms you need to send before the first day of school:

- Health Required Appraisal
- State Required Vision Screening
- **Certified copy of Birth Certificate** – if you do not have a certified copy of the birth certificate please order a copy from the court house in the county your child was born. This process can take as long as two months to receive your certificate and is required by the State of Indiana.
- Baptismal Certificate (Catholic students that were not baptized at St. Mary's Church)

Home Language Survey

- The purpose of this survey is to determine the primary or home language of the student. The HLS must be given to all students enrolled in the school district/charter school. The HLS is administered one time, upon initial enrollment, and remains in the student's cumulative file.

Student Registration Form – Archdiocese of Indianapolis

- This form should be filled out as soon as possible and returned to school with a \$30.00 non-refundable registration fee. Receipt of this form and the \$30.00 registration fee will be used to reserve a place for your child at St. Mary's. We will take the first 20 students based on the date this form and fee are received.

Completed forms may be dropped off at the church or school office, or by mailing them to:

Mailing Address: St. Mary's School
211 Fourth Street
Aurora, IN 47001
www.mystmarys.com

Phone Number: 812-926-1558
Fax Number: 812-926-4439
Email to: Ann Hutchinson - ann.hutchinson@mystmarys.com

**State Required
Health Appraisal
2019/2020**

This form is to be **completed and returned prior to the first day of school**. This is required information according to the State of Indiana and students may be excluded from school attendance for non-compliance.

Pupil _____ DOB ___/___/_____ Grade _____

Allergies _____

Asthma _____ Treatment _____

Epilepsy _____ Treatment _____

Surgeries _____

Concerns _____

State Required Immunization (Give Month/day/year)

Hepatitis A 1) _____ 2) _____

2 Required

Hepatitis B 1) _____ 2) _____ 3) _____

3 Required

DTaP 1) _____ 2) _____ 3) _____ 4) _____ 5) _____

5 Required (Diphtheria, Tetnus, Pertussis) **(Four doses of DTP are acceptable if the 4th dose was administered on or after child's fourth birthday)**

Polio (OPV or IPV) 1) _____ 2) _____ 3) _____ 4) _____

4 Required (Three doses of polio vaccine are acceptable if 3rd dose administered on or after child's fourth birthday and the three doses are all IPV or all OPV.)

MMR (Measles, Mumps, Rubella) 1) _____ 2) _____

2 Required

Varicella Vaccine 1) _____ 2) _____

2 Required (or Physician documentation of disease history, including month and year)

Please fill out this paper and attach a copy of your child's immunization records.

**State Required
Vision Screening
2019/2020**

This form is to be completed and returned prior to the first day of school. This is required information according to the State of Indiana and students may be excluded from school attendance for non-compliance.

The local optometrists will do the required state vision screening free of charge. You must call and request an appointment for this procedure that takes approximately 5 minutes. Please mention that this is for the required school screening.

Child's Name _____ Date _____

Screened with glasses: Yes ____ No ____

Acuity Pass ____ Fail ____

Cover Test Pass ____ Fail ____

Retinoscopy Pass ____ Fail ____

Ocular Health Pass ____ Fail ____

Remarks:

Results (circle) Pass Borderline Fail

_____ O.D.