Registration Checklist

Student's Name: ____________________________

Grade: _______________ School Year: __________

You fill out these:

____ Contract
____ Registration Form
____ Loan of Textbooks Form
____ Agreement for Admission
____ Health History Form
____ Health Permission Form
____ Early Childhood Form (PreK 3, 4 and K)
____ Handbook Agreement *
____ Technology Agreement*
____ Photo Release Paper

Doctor/Dentist fills out these:

____ Physical Form (All new students K-8)
____ Copy of Immunizations (All new students)
____ Dental Form (All new students K-8)

We need copies of these:

____ Copy of Birth Certificate
____ Copy of Social Security Card
____ Copy of Baptismal Certificate
____ FACTS enrollment confirmation

* policies posted on our website

Office use only

____ Registration Fee Paid Date __________ Check # __________________ Cash ___
**Family Background**

If no, please specify parent:

- Are you a registered member of our Lady of Peace Parish?

**Social Security Number**

- (Name)
- (Address)

**Note**

Dame de Lourdes School members only should complete and return this form to the school.

**Archdiocese of Philadelphia**

**Permanent Record Form**

- Dame de Lourdes School

- Archdiocese of Philadelphia, Philadelphia, PA 19144

- (Address)

- (City)

- (State)

- (Zip)

- (Phone)

- (School District/Parish)

- (Diocese/Parish)

- (Name)

- (Middle)

- (Last)
Date ____________________

Signature ____________________

National Hawaiian Pacific Island
Caucasian
Black/African American
Mulatto/Racial
Asian
American Indian
Census Information (Optional)

My child currently attends __________ Neighborhood/Religious Church Bulletin __________ Newspaper Ad __________ Signage Outside of School

How did you hear of our school? (check all that apply)

________________________

Special Education Services were provided by __________

If yes, please name the program __________

YES ________ NO ________

Has this student ever been in a Special Education Program __________

Previous school attended __________

<table>
<thead>
<tr>
<th>Grade</th>
<th>School Name</th>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Church</th>
<th>Date</th>
</tr>
</thead>
</table>

SACRAMENTAL INFORMATION

Note: Date de Lourdes School

Archdiocese of Philadelphia Elementary School Permanent Record Form
Dear Parent/Guardian:

State legislation authorizes the loan of textbooks, instructional material and equipment by the Secretary of Education to Pennsylvania children enrolled in kindergarten through grade 12 in nonpublic and private schools. Our school is now in the process of requesting specific textbooks, materials and equipment to be loaned to your child(ren). It is required, however, that a parent/guardian of each child attending the non public or private school individually request a loan of textbooks, instructional materials and equipment. We are, therefore, enclosing the individual request form. Please sign the form, date it and return it to school immediately.

Thank you for your continued assistance and cooperation.

Very truly yours,

Mrs. Diana Pileggi
Principal

CERTIFICATE OF INDIVIDUAL REQUEST
FOR LOAN OF TEXTBOOKS
AND INSTRUCTIONAL MATERIALS

I hereby request the loan of textbooks and instructional materials in accordance with the Pennsylvania School code of 1949 for my child(ren) attending Notre Dame de Lourdes School.

Student Name ____________________________  (Please Print)

Date: ____________________________  (Signed)  Parent/Guardian Signature

This program is available only to Pennsylvania residents.
(This form is to remain on file at the school.)

Enter to Learn . . . Leave to Serve.
Agreement for Admission

Family Name ____________________________________________  PLEASE PRINT

It is our (my) wish that our (my) child (children) attend Notre Dame de Lourdes School. We (I) understand that our (my) child (children) is (are) obligated to attend classes in Religion and fulfill the requirements for this subject; also, to attend all religious functions offered as part of the school program.

We (I) assume the obligation to pay the specified tuition and school fees and agree to support the philosophy, goals, objectives, and regulations of the school.

Mother's Signature ___________________________ DATE

Father's Signature ___________________________ DATE

01/10

Enter to Learn . . . Leave to Serve.
HEALTH HISTORY PERMISSION FORM (INITIAL HISTORY)

STUDENT NAME ______________________________ GRADE _____ DATE ______________

THE NATURE OF THIS HEALTH HISTORY

I understand that the information I give to the School Nurse is important for the school staff to know and that it will help them to promote the health and education of my child. I understand that the information will be kept confidential by the school Health Staff, and will be shared with other professionals in the school only when the School Nurse/Nurse Practitioner/School Physician believes that it is in the best interest of my child’s health and education.

Copies of this health history will be sent to other agencies that request it only with my written permission.

Signature of Parent/Guardian ___________________________ DATE __________________

Name of Parent/Guardian (printed) __________________________

EXPLANATION OF HEALTH SERVICES

The following health services are provided to every student in the Ridley School District in compliance with Pennsylvania State Law:

- Every year every student: Height, weight, vision screening, BMI
- K, 1, 2, 3, 7 and 11th Grade: Hearing screening
- K, 1, 3, and 7th Grade: Dental-by school/family dentist
- K or 1, 6, and 11th Grade: Physical-by school/family doctor
- 6th and 7th Grade: Scoliosis screening

I understand the above screening and examination results will become a part of my child’s permanent health record.

Signature of Parent/Guardian ___________________________ DATE __________________

It is the mission of the Ridley School District to create a caring environment that gives all students the opportunity to achieve their fullest personal and academic potential in order to become productive and responsible citizens.

PLEASE COMPLETE OTHER SIDE
HEALTH HISTORY

Child's Name ___________________________________________ Date of Birth ____________________________

Street Address ________________________________________ Home Phone (Area Code) _______________________

City, State, Zip ________________________________________ Work Phone (Area Code) ______________________

Father's Name _________________________________________ Cell phone (Area Code) ______________________

Mother's Full Maiden Name _______________________________ E-mail address: _____________________________

Do parents live together? Yes or No ________________________

Adults with whom child lives (if other than parents): ______________________________

Were there any significant pre-natal or birth factors such as RH factor, pre-maturity? Yes or No ______

If yes, indicate the factor(s) ________________________________________________________________

<table>
<thead>
<tr>
<th>Does Your Child Have:</th>
<th>Please Circle</th>
<th>Has Your Child Had:</th>
<th>Please Circle</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequent colds</td>
<td>yes</td>
<td>A blood transfusion</td>
<td>yes</td>
</tr>
<tr>
<td>Frequent sore throats</td>
<td>yes</td>
<td>Tonsillectomy/Adenoidectomy</td>
<td>yes</td>
</tr>
<tr>
<td>Diabetes</td>
<td>yes</td>
<td>Head injury (unconscious)</td>
<td>yes</td>
</tr>
<tr>
<td>Asthma</td>
<td>yes</td>
<td>Convulsions/seizures</td>
<td>yes</td>
</tr>
<tr>
<td>Speech problem</td>
<td>yes</td>
<td>Chicken Pox</td>
<td>yes</td>
</tr>
<tr>
<td>Earaches</td>
<td>yes</td>
<td>Scarlet Fever</td>
<td>yes</td>
</tr>
<tr>
<td>Frequent nightmares</td>
<td>yes</td>
<td>Tuberculosis (self/family)</td>
<td>yes</td>
</tr>
<tr>
<td>Vision loss</td>
<td>yes</td>
<td>Rheumatic Fever</td>
<td>yes</td>
</tr>
<tr>
<td>Hearing loss</td>
<td>yes</td>
<td>Pneumonia</td>
<td>yes</td>
</tr>
<tr>
<td>Poor eating habits</td>
<td>yes</td>
<td>Hepatitis</td>
<td>yes</td>
</tr>
<tr>
<td>Emotional problems</td>
<td>yes</td>
<td>Heart problem</td>
<td>yes</td>
</tr>
<tr>
<td>Emesis (bedwetting)</td>
<td>yes</td>
<td>Epilepsy or other seizure disorder</td>
<td>yes</td>
</tr>
<tr>
<td>Difficulty sleeping</td>
<td>yes</td>
<td>Difficulty sleeping</td>
<td>yes</td>
</tr>
<tr>
<td>Allergies (list)</td>
<td>yes</td>
<td>Allergies (list)</td>
<td>yes</td>
</tr>
</tbody>
</table>

Developmental Patterns:

Did your child crawl? _____________________________ Yes or No ______

Is your child presently under medical treatment? yes no

If yes, indicate the reason ________________________________________

Is your child easily understood by others? yes no

Does your child stumble, fall or bump into things frequently? yes no

Age child talked (words) ______ yrs. ______ months Age child spoke (sentences) ______ yrs. ______ months

Age child walked ______ yrs. ______ months

Please comment below on any "yes" answers from above. Also list hospitalizations, surgeries, serious accidents, or other illnesses or conditions, which you feel that the school should know. All information will remain confidential except in cases where the classroom teacher would need to know about a student's medical condition for the benefit of the student.

Parent Signature ____________________________ Parent name (printed) ____________________________ Date ________

It is the mission of the Ridley School District to create a caring environment that gives all students the opportunity to achieve their finest personal and academic potential in order to become productive and responsible citizens.

Revised 1/20/11

PLEASE COMPLETE OTHER SIDE
Child's Name __________________________________________
Date of Birth __________________________ Home Phone # ______________________

Address  __________________________________________

_________________________________________________

Parent's Name ______________________________________

1. Has your child attended a Nursery School prior to Notre Dame?
   If so, please name __________________________________________

2. Has your child attended a Library Story Hour? _________________

3. Is a language other that English spoken at home? ________________

4. Does your child have playmates his/her own age? ________________

5. Does your child have a hobby or some special interest? ___________

6. Does your child have any physical problems that we should be aware of?
   For example, an allergy, hearing, speech or vision problem?
   _____________________________________________________________
   _____________________________________________________________

7. Does your child have any fears we should be aware of? ______________
   _____________________________________________________________

8. Does your child have an older brother or sister at this school? __________
   If yes, please list the names and grades of the siblings...
   _____________________________________________________________

9. Do you have an occupation, hobby or pastime that you would be willing to share with our
   children? ___________________________________________________

10. Please list additional comments or information about your child that you think might be
    helpful. ______________________________________________________

Notre Dame de Lourdes School  990 Fairview Rd  Swarthmore, Pa 19081   610-328-9330
HANDBOOK ACKNOWLEDGEMENT

I understand that the Notre Dame de Lourdes School Handbook is available for me to read on Option C as well as the school website. I understand that it contains important information on school policies, procedures, rules, and regulations. I understand that it is my responsibility to familiarize myself with the material in this handbook.

I further understand that Notre Dame de Lourdes/Our Lady of Peace Parish reserves the right to modify, revoke, suspend, terminate, or change any and all such rules, regulations, plans, policies, and procedures, in whole or in part, at any time, with or without notice.

Parent/Guardian Signature ________________________________ Date ____________

Parent/Guardian Printed Name ____________________________________________

Student(s) Names ______________________________________________________

____________________________________________________________

____________________________________________________________

____________________________________________________________

Enter to Learn . . . Leave to Serve.
ACCEPTABLE USE POLICY
FOR TECHNOLOGY
Catholic Schools of the Archdiocese of Philadelphia

Student Internet Access Contract

I understand that when I am using the Internet or any other computer/telecommunications device, I must adhere to all rules of courtesy, etiquette, and laws, regarding the copying of information as prescribed by either Federal, State, or local laws, and the Archdiocese of Philadelphia and Notre Dame de Lourdes School.

My signature below and that of my parent(s) or guardian(s) signature means that I agree to follow the guidelines of this Acceptable Use Policy for Technology for the Catholic Schools of the Archdiocese of Philadelphia.

Student Name ____________________________________________

Student Signature________________________________________ Date____________________

Graduation Year________________________

Grade________________________

Parent or Guardian: We ask that you review this policy with your child and sign below:

Student Access Contract

I hereby release Notre Dame de Lourdes School and the Archdiocese of Philadelphia, its personnel and any other institutions with which it is affiliated, from any and all claims and damages of any nature arising from my child’s use of, or inability to use, the Internet Access, including but not limited to claims that may arise from the unauthorized use of the system to purchase products or services.

I will instruct my child regarding any restrictions against accessing materials that are outlined by The Acceptable Use Policy for Technology for the Catholic Schools of the Archdiocese of Philadelphia. I will emphasize to my child the importance of following rules for personal safety.

As the parent or guardian of this student, I have read The Acceptable Use Policy for Technology for the Catholic Schools of the Archdiocese of Philadelphia for Notre Dame de Lourdes School. I hereby give my permission for my child to use the Internet and will not hold Notre Dame de Lourdes School or The Archdiocese of Philadelphia liable as a result of my daughter’s/son’s use of the Internet on school premises.

I understand that my child has agreed not to access inappropriate materials on the internet.

Parent/Guardian Signature __________________________________ Date____________________

Enter to Learn ... Leave to Serve.
Parental Permission Form
General Technology Use
Including Web 2.0, Online Collaboration, Photos and Media Release

Permission is granted by the Parent/Guardian for the following:

- For my child to sign up for a personal account on approved educational sites and in accordance with the site and school guidelines.
- For my child to use his/her school created student email address or a teacher created class account when signing up for accounts.
- For my child to use his/her email to communicate with teachers, moderators, and/or other students regarding academics or other school related activities.
- For my child’s work to be published on the school website, the classroom wiki, and/or on other student classroom sites as prescribed by the teacher.
- For my child’s photo to be published on the school website, the classroom wiki, and/or on the other classroom sites as prescribed by the teacher. When photos are used in almost all cases names are not included. Names will be included with photos rarely and only in cases where there is special recognition such as with academic or sport awards.
- For my child’s photo to be published in the school newsletter, in the local newspapers, on school brochures, printed materials, and the Archdiocesan website.
- I give permission to the school to permit my child to participate in supervised interviews with the news media concerning events related to the school and its programs.
- I give permission for my child’s photo to be posted on the school or Archdiocesan website or social network page associated with the work of the classroom.

Permission is granted by the student for the following:

- For my work to be published on the school website, classroom wiki, and/or on other classroom sites as prescribed by the teacher.
- For my work to be published in the local newspaper and on school promotional materials.

I have read, understand, and agree to all of the above.

Student’s Name ____________________________ Grade __________
Student’s Signature ____________________________ Date __________

Parent’s/Guardian’s Name ____________________________
Parent’s/Guardian’s Signature ____________________________ Date __________

Enter to Learn . . . Leave to Serve.
PRIVATE PHYSICIAN'S REPORT OF
PHYSICAL EXAMINATION OF A PUPIL OF SCHOOL AGE

DATE ____________ 20__________

NAME OF SCHOOL ____________________________ GRADE _____ HOMEROOM _____

NAME OF CHILD ____________________________ DATE OF BIRTH ________ SEX ________

Last ____________ First ____________ Middle ________ M F

ADDRESS ____________________________

No. and Street ____________ City or Post Office ____________ Borough or Township ____________ County ____________ State ____________ Zip Code ____________

MEDICAL HISTORY

IMMUNIZATIONS AND TESTS

<table>
<thead>
<tr>
<th>VACCINE</th>
<th>Enter Month, Day, and Year each immunization was given</th>
<th>BOOSTERS &amp; DATES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diphtheria and Tetanus (Circle): DTaP, DTP, DT, TD</td>
<td>1 / / 2 / / 3 / / 4 / / 5 / /</td>
<td></td>
</tr>
<tr>
<td>Polio (Circle): OPV, IPV</td>
<td>1 / / 2 / / 3 / / 4 / / 5 / /</td>
<td></td>
</tr>
<tr>
<td>Measles, Mumps, Rubella</td>
<td>1 / / 2 / /</td>
<td></td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>1 / / 2 / / 3 / / 4 / / 5 / /</td>
<td></td>
</tr>
<tr>
<td>HIB</td>
<td>1 / / 2 / / 3 / / 4 / / 5 / /</td>
<td></td>
</tr>
<tr>
<td>Varicella</td>
<td>1 / / 2 / /</td>
<td>Varicella Disease or Lab Evidence Date:</td>
</tr>
</tbody>
</table>

Other: ____________________________________

MEDICAL EXEMPTION
The physical condition of the above named child is such that immunization would endanger his or her health.

RELIGIOUS EXEMPTION
Includes a strong moral or ethical conviction similar to a religious belief and requires a written statement from the parent/guardian.

If Applicable:

<table>
<thead>
<tr>
<th>Tuberculin Tests Date Applied</th>
<th>Arm</th>
<th>Device</th>
<th>Antigen</th>
<th>Manufacturer</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date Read</td>
<td>Results (mm)</td>
<td></td>
<td>Signature</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Follow-Up of significant tuberculin tests:

Parent/Guardian notified of significant findings on _______________________________.

Result of Diagnostic Studies:

Preventive Anti-Tuberculosis — Chemotherapy ordered. No _____ Yes _____ Date ________
**Significant Medical Conditions (✓)**

If Yes, Explain

<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allergies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asthma</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cardiac</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chemical Dependency</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drugs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alcohol</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diabetes Mellitus</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gastrointestinal Disorder</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hearing Disorder</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hypertension</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neuromuscular Disorder</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Orthopedic Condition</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Respiratory Illness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Seizure Disorder</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skin Disorder</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vision Disorder</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (Specify)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Are there any special medical problems or chronic diseases which require restriction of activity, medication or which might affect his/her education? If so, specify

**Report of Physical Examination (✓)**

<table>
<thead>
<tr>
<th>Component</th>
<th>Normal</th>
<th>Abnormal</th>
<th>Not Examined</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Height (inches)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Weight (pounds) BMI</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pulse</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blood Pressure</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hair/Scalp</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skin</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eyes/Vision</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ears/Hearing</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nose and Throat</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teeth and Gingiva</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lymph Glands</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart – Murmur, etc</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lung – Adventitious Finding</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abdomen</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Genitourinary</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neuromuscular System</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Extremities</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spine (Presence of Scoliosis)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Date of Examination

Signature of Examiner

PRINT Name of Examiner

Address

Telephone Number
Dear Parents:
The Pennsylvania School Health Law requires dental screenings for children—one upon entrance into school, one in third grade and one in seventh grade. These grades were selected because they represent critical periods of growth and development in a child’s life.
We recommend you take your child to your private dentist before February 1 and return the following form to the school nurse.

If the school nurse has not received the completed form by October 1st, the school dentist or school dental hygienist will schedule your child for a dental examination.

Thank you for your interest and cooperation.

---

FAMILY DENTIST REPORT
(Please print all information)

School District ____________________________ County ____________________________

Student’s name ____________________________ Birth date __________ Male or Female

Home Address ____________________________ City ____________________________ State __ Zip __________

The above named child last visited my office on ____________________________ (mm/dd/yr)

At that time, all necessary dental corrections had been made. Yes No

If the answer is No, please complete the following:

This child is in need of treatment for one or more of the following:
- Primary Teeth Filings Extractions
- Permanent Teeth Filings Extractions
- Diseases of the supporting tissues
- Gross Malocclusion, which is producing a facial deformity or is interfering with function
- Cleft Palate and/or Cleft Lip
- Other Congenital Malformations
- Prosthetic Replacements for Lost or Missing Teeth
- This child is currently under treatment Yes No

Signature of dentist ____________________________ Date ____________________________

Name of dentist (printed) ____________________________

Phone number for dentist’s office ____________________________

Address of dental practice ____________________________

Student’s current grade __________ Home room teacher ____________________________
Request for School Records

FAMILY NAME________________________________________

Please Print

Date _______________________

TO: _______________________

Name of School

________________________________________

Address

City __________________________ State  Zip

I hereby authorize Notre Dame de Lourdes School to receive all academic, attendance and medical records from the above named school for my child(ren) listed below PLEASE PRINT

<table>
<thead>
<tr>
<th>Student's Full Name</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Student's Full Name</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Parent/Guardian Signature __________________________ Date  01/10

Enter to Learn . . . Leave to Serve.