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 __________
My child currently attends ______ Neighborhood/Religious: ______

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

- Newspaper Ad
- Church Bulletin
- Signage outside of school
- My child currently attends
- Neighborhood/Religious

Special Education Services were provided by ______

If yes, please name the program ______

Has this student ever been in a Special Education Program ______

Previous schools attended ______

<table>
<thead>
<tr>
<th>School</th>
<th>Grade</th>
<th>Church</th>
<th>Parish</th>
<th>Date</th>
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Sacramental Information

Note: Same data as school 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, 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.

Revised 1/20/11

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) ___________________________
E-mail address ___________________________

Mother's Full Maiden Name ___________________________ Work Phone (Area Code) ___________________________
Do parents live together? Yes or No
Cell phone (Area Code) ___________________________ e-mail address: ___________________________

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></td>
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<tr>
<td>Allergies (list)</td>
<td>yes</td>
<td></td>
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</tbody>
</table>

Developmental Patterns:
Did your child crawl? yes no
Is your child on medication? yes no
If yes, indicate the reason ___________________________
Does your child stumble, fall or bump into things frequently? yes no
Is your child easily understood by others? 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 fullest personal and academic potential in order to become productive and responsible citizens.

Revised 1/20/11

PLEASE COMPLETE OTHER SIDE
Early Childhood Information Sheet  
Pre K & Kindergarten

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.