



# *St. Mary School*

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16 HARRISON AVE., EAST ISLIP,  
NEW YORK 11730  
(631) 581-3423

[www.saintmaryschoolei.org/school](http://www.saintmaryschoolei.org/school)

Welcome! Enclosed please find a Saint Mary School application for your new entrant. Please complete and return it to the school with copies of registrant's birth certificate, baptismal certificate, record of immunizations and a current report card if in grades K-8. A physical will also be required for all new students before the start of the school year.

Students in Grades K – 8 must also request transportation and textbooks from their District of Residence by April 1<sup>st</sup>. Please contact your District of Residence regarding process and requirements.

A non-refundable registration fee of \$150 must also accompany the application. Please contact Mrs. Sloane at (631) 581-3423 X142 if you have any questions.

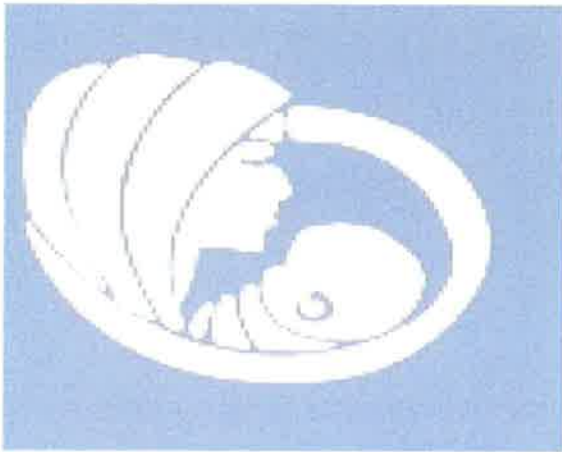
Thank you

Student's Name: \_\_\_\_\_

Grade Entering: \_\_\_\_\_

Session: \_\_\_\_\_

(Nursery & Pre-K)



# St. Mary School

16 Harrison Avenue

East Islip, NY 11730

(631) 581-3423

[www.saintmaryschoolei.org](http://www.saintmaryschoolei.org)

*“Building Faith and Minds for the Future”*

*Accredited by AdvancED® , North Central Association*

## Application for Registration 2021-2022 School Year

### **For Office Use Only:**

Date Registration Received: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Amount: \_\_\_\_\_

Check #: \_\_\_\_\_

Cash: \_\_\_\_\_

Birth Certificate: \_\_\_\_\_ Baptism Certificate: \_\_\_\_\_

Immunization: \_\_\_\_\_

Physical Form: \_\_\_\_\_

Legal Documents (Custodial, if applicable) \_\_\_\_\_

Please **print** all information. Application cannot be processed if incomplete.

Today's Date: \_\_\_\_\_

Entering Grade: \_\_\_\_\_

**Personal Information: Student**

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Place of Birth: (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Country) \_\_\_\_\_

Child's Address: \_\_\_\_\_  
(Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

Home Phone#: \_\_\_\_\_

School District: \_\_\_\_\_ Language spoken at Home: \_\_\_\_\_

Ethnicity: Is the student Hispanic or Latino? Please *check one* Yes \_\_\_\_\_ No \_\_\_\_\_

Race: **What is the student's race?** Please check off **all** that apply: American Indian \_\_\_\_\_ Asian \_\_\_\_\_  
Black or African American \_\_\_\_\_ Native Hawaiian /Other Pacific Islander \_\_\_\_\_ White \_\_\_\_\_

Religion: \_\_\_\_\_ Child's Parish: \_\_\_\_\_

**Church's Name:** \_\_\_\_\_ **Location:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Baptismal: \_\_\_\_\_  
First Penance: \_\_\_\_\_  
First Communion: \_\_\_\_\_  
Confirmation: \_\_\_\_\_

**Parental Background Information:**

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Mother's Maiden Last Name: \_\_\_\_\_

Mother's Date of Birth: \_\_\_\_\_ Father's Date of Birth: \_\_\_\_\_

Address (if different than above): \_\_\_\_\_ Address (if different than above): \_\_\_\_\_

Mother's Employer: \_\_\_\_\_ Father's Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work / Day Phone #: \_\_\_\_\_ Work / Day Phone #: \_\_\_\_\_

Cell #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

Birthplace: \_\_\_\_\_ Birthplace: \_\_\_\_\_  
(City) \_\_\_\_\_ (State) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_

Religion: \_\_\_\_\_ Religion: \_\_\_\_\_

Child lives with: Parents \_\_\_\_\_ Father \_\_\_\_\_ Mother \_\_\_\_\_ Aunt/Uncle \_\_\_\_\_ Grandparent(s) \_\_\_\_\_ Guardian \_\_\_\_\_

Who has legal custody of child? \_\_\_\_\_

**Guardians only** please complete the following information:

Guardian Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Guardian's Date of Birth: \_\_\_\_\_ Guardian's Occupation: \_\_\_\_\_

Guardian's Home #: \_\_\_\_\_ Guardian's Religion: \_\_\_\_\_

Business Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

**Family Information:**

Please list name and birthdates of all brothers and sisters (oldest first):

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Grade: \_\_\_\_\_  
Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Grade: \_\_\_\_\_  
Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Grade: \_\_\_\_\_  
Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Grade: \_\_\_\_\_

**Current School/Child Information:**

Name of present school attending: \_\_\_\_\_  
School address: \_\_\_\_\_  
Present Grade: \_\_\_\_\_ Years attended: \_\_\_\_\_ School Phone #: \_\_\_\_\_  
Awards of Recognition: \_\_\_\_\_

Services child received (please check off all that applies):

Remedial Reading: _____	Child has an IEP: _____
Remedial Math: _____	Resource Room: _____
Remedial Writing: _____	Inclusion/Self-Contained: _____
504 Plan: _____	Speech: _____
	Occupational Therapy: _____

Please list any medications that your child will require during the day or on school trips:

\_\_\_\_\_

Other pertinent information about your child: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

School family who recommended you: \_\_\_\_\_

**Tuition Assistance granted through Tomorrow's Hope Foundation – Please ask for application.**

It is the policy of St. Mary School that the Registration Fee and Tuition are non-refundable.

**Signature:** \_\_\_\_\_

**St. Mary School admits students of any and all races and affords all students, regardless of race, all rights, privileges, and opportunities to participate in all programs and activities generally afforded and made available to students at the School. The School does not discriminate on the basis of race in the administration of its education policies, scholarship programs, and athletic and other School administered programs.**

## **REGISTRATION AGREEMENT 2021-2022 SCHOOL YEAR**

*An application/testing fee of \$150.00 must accompany this application.*

*This fee is non-refundable. Please make check payable to St. Mary School.*

By registering your child for grades **Nursery and Pre-Kindergarten** at St. Mary School, you agree to the following:

1. For families who have children in grades Nursery and Pre-Kindergarten, you will be responsible to sell one raffle ticket at \$100.00 per ticket for our Yearly Raffle. Should you choose not to sell the ticket, your tuition rate is increased \$100 for the year. Raffle money and ticket information must be in school office by the designated date.
2. I agree to adhere to all the Tuition and Fee Requirements for the school year 2021-2022. I understand that the Registration Fee and Tuition are not refundable.

By registering your child for grades **Kindergarten through Grade Eight** at St. Mary School you agree to the following:

1. To sell one raffle ticket at \$100.00 per ticket for our Yearly Raffle. Should you choose not to sell the ticket, your tuition rate is increased \$100 for the year. Raffle money and ticket information must be in school office by the designated date.
2. I agree to adhere to the School Uniform Requirements as described in the School Handbook.
3. I agree to adhere to all the Tuition and Fee Requirements for the school year 2021-2022. I understand that the Registration Fee and Tuition are not refundable.

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**Parent/Guardian Signature**

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**Date**

St. Mary School  
16 Harrison Avenue  
East Islip, NY 11730  
(631) 581-3423

TO: \_\_\_\_\_  
(School)

DATE: \_\_\_\_\_

\_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip)

***Please note: This form will not be sent to  
your present school until June.***

Dear Principal,

\_\_\_\_\_ has applied for admission to St. Mary Elementary School for September 2021. In order to assist us in ascertaining whether we can meet the academic needs of the above, would you please complete the following:

**The above named student:**

- a) Is capable of average academic achievement \_\_\_\_\_
- b) Has received psycho-education evaluation \_\_\_\_\_
- c) Is learning disabled \_\_\_\_\_
- d) Experiences emotional problems \_\_\_\_\_
- e) Is disruptive \_\_\_\_\_
- f) Has been recommended for retention in the present grade \_\_\_\_\_

**Indicate any special academic programs the child has been involved in, or recommended for:**

\_\_\_\_\_

Please send all records on the above student, including:

Health Records – Academic records with test results – Psychological records and/or tests.

Many thanks for your cooperation in this joint educational effort. Please send your responses as soon as possible to:

Mrs. Laura McMahon, Principal  
St. Mary School  
16 Harrison Avenue  
East Islip, NY 11730

Sincerely,

\_\_\_\_\_  
Principal's Signature

\_\_\_\_\_  
Parent/Guardian Signature

**Please complete this form and return to school**

**EVERYONE MUST RETURN THIS FORM**

**Family Name:** \_\_\_\_\_

**Student/Students Name**                      **Grade in September** (If Nursery or Pre-Kindergarten please list  
5 full days or 3 full days Tues., Wed., Thurs.)

_____	_____
_____	_____
_____	_____

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Email** \_\_\_\_\_

**Parish Supporting Family (yes/no):** \_\_\_\_\_

**If yes, Parish Name:** \_\_\_\_\_

**Non Parish Supporting Family (yes/no):** \_\_\_\_\_

**1. I wish to make my Tuition Payment with SMART TUITION as follows:**

**PAYMENTS WILL BE AUTO DEBIT THROUGH YOUR CHECKING, SAVINGS ACCOUNT or CREDIT CARD**

**Online enrollment: www.enrollwithsmart.com**

**School I.D. 10665**

**Debit to my Credit Card Account**

**Debit to my Checking Account**

**Debit to my Savings Account**

**Please roll over my account information for the 2021-2022 school year**

**2. I wish to make my Tuition Payment Option as follows:**

**Pay School Directly**

**One payment for the school year-( Discount 2%) Due July 7, 2021**

**Two payments for the school year-(Discount 1%) Due July 7, 2021 & December 2, 2021**

**REQUIRED NYS SCHOOL HEALTH EXAMINATION FORM  
TO BE COMPLETED BY PRIVATE HEALTH CARE PROVIDER OR SCHOOL MEDICAL DIRECTOR  
IF AN AREA IS NOT ASSESSED INDICATE NOT DONE**

**Note:** NYSED requires a physical exam for new entrants and students in Grades Pre-K or K, 1, 3, 5, 7, 9 & 11; annually for interscholastic sports; and working papers as needed; or as required by the Committee on Special Education (CSE) or Committee on Pre-School Special education (CPSE).

**STUDENT INFORMATION**

Name	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	DOB:
School:	Grade:	Exam Date:

**HEALTH HISTORY**

<b>Allergies</b> <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type	Type: <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Anaphylaxis Care Plan Attached
<b>Asthma</b> <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type	<input type="checkbox"/> Intermittent <input type="checkbox"/> Persistent <input type="checkbox"/> Other : <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Asthma Care Plan Attached
<b>Seizures</b> <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type	Type: _____ Date of last seizure: _____ <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Seizure Care Plan Attached
<b>Diabetes</b> <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type	Type: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Diabetes Medical Mgmt. Plan Attached

**Risk Factors for Diabetes or Pre-Diabetes:** Consider screening for T2DM if BMI% > 85% and has 2 or more risk factors: Family Hx T2DM, Ethnicity, Sx Insulin Resistance, Gestational Hx of Mother, and/or pre-diabetes.

BMI \_\_\_\_\_ kg/m<sup>2</sup>

**Percentile (Weight Status Category):**  <5<sup>th</sup>  5<sup>th</sup>-49<sup>th</sup>  50<sup>th</sup>-84<sup>th</sup>  85<sup>th</sup>-94<sup>th</sup>  95<sup>th</sup>-98<sup>th</sup>  99<sup>th</sup> and >

**Hyperlipidemia:**  No  Yes  Not Done      **Hypertension:**  No  Yes  Not Done

**PHYSICAL EXAMINATION/ASSESSMENT**

<b>Height:</b>	<b>Weight:</b>	<b>BP:</b>	<b>Pulse:</b>	<b>Respirations:</b>
<b>Laboratory Testing</b>	<b>Positive</b>	<b>Negative</b>	<b>Date</b>	<b>List Other Pertinent Medical Concerns (e.g. concussion, mental health, one functioning organ)</b>
TB- PRN	<input type="checkbox"/>	<input type="checkbox"/>		
Sickle Cell Screen-PRN	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Lead Level Required Grades Pre- K &amp; K</b>	<b>Date</b>			
<input type="checkbox"/> Test Done <input type="checkbox"/> Lead Elevated > 5 µg/dL				

**System Review and Abnormal Findings Listed Below**

<input type="checkbox"/> HEENT	<input type="checkbox"/> Lymph nodes	<input type="checkbox"/> Abdomen	<input type="checkbox"/> Extremities	<input type="checkbox"/> Speech
<input type="checkbox"/> Dental	<input type="checkbox"/> Cardiovascular	<input type="checkbox"/> Back/Spine	<input type="checkbox"/> Skin	<input type="checkbox"/> Social Emotional
<input type="checkbox"/> Neck	<input type="checkbox"/> Lungs	<input type="checkbox"/> Genitourinary	<input type="checkbox"/> Neurological	<input type="checkbox"/> Musculoskeletal

Assessment/Abnormalities Noted/Recommendations: \_\_\_\_\_ Diagnoses/Problems (list) \_\_\_\_\_ ICD-10 Code\* \_\_\_\_\_

Additional Information Attached \_\_\_\_\_ \*Required only for students with an IEP receiving Medicaid



Name:				DOB:	
<b>SCREENINGS</b>					
<b>Vision</b> (w/correction if prescribed)		<b>Right</b>	<b>Left</b>	<b>Referral</b>	<b>Not Done</b>
Distance Acuity		20/	20/	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
Near Vision Acuity		20/	20/		<input type="checkbox"/>
Color Perception Screening		<input type="checkbox"/> Pass <input type="checkbox"/> Fail			<input type="checkbox"/>
Notes					
<b>Hearing</b> Passing indicates student can hear 20dB at all frequencies: 500, 1000, 2000, 3000, 4000 Hz; for grades 7 & 11 also test at 6000 & 8000 Hz.					<b>Not Done</b>
Pure Tone Screening	<b>Right</b> <input type="checkbox"/> Pass <input type="checkbox"/> Fail	<b>Left</b> <input type="checkbox"/> Pass <input type="checkbox"/> Fail	<b>Referral</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	
Notes					
<b>Scoliosis</b> Screen Boys in grade 9, and Girls in grades 5 & 7		<b>Negative</b>	<b>Positive</b>	<b>Referral</b>	<b>Not Done</b>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
<b>RECOMMENDATIONS FOR PARTICIPATION IN PHYSICAL EDUCATION/SPORTS/PLAYGROUND/WORK</b>					
<input type="checkbox"/> Student may participate in all activities without restrictions. <input type="checkbox"/> Student is restricted from participation in: <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Contact Sports:</b> Basketball, Competitive Cheerleading, Diving, Downhill Skiing, Field Hockey, Football, Gymnastics, Ice Hockey, Lacrosse, Soccer, and Wrestling.</li> <li><input type="checkbox"/> <b>Limited Contact Sports:</b> Baseball, Fencing, Softball, and Volleyball.</li> <li><input type="checkbox"/> <b>Non-Contact Sports:</b> Archery, Badminton, Bowling, Cross-Country, Golf, Riflery, Swimming, Tennis, and Track &amp; Field.</li> <li><input type="checkbox"/> <b>Other Restrictions:</b></li> </ul>					
<b>Developmental Stage for Athletic Placement Process <u>ONLY</u> required</b> for students in Grades 7 & 8 who wish to play at the high school interscholastic sports level <b>OR</b> Grades 9-12 who wish to play at the modified interscholastic sports level. <b>Tanner Stage:</b> <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V      Age of First Menses (if applicable) : _____					
<input type="checkbox"/> <b>Other Accommodations*:</b> (e.g. Brace, orthotics, insulin pump, prosthetic, sports goggle, etc.) Use additional space below to explain. *Check with athletic governing body if prior approval/form completion required for use of device at athletic competitions.					
<b>MEDICATIONS</b>					
<input type="checkbox"/> Order Form for Medication(s) Needed at School Attached					
<b>IMMUNIZATIONS</b>					
		<input type="checkbox"/> Record Attached		<input type="checkbox"/> Reported in NYSIIS	
<b>HEALTH CARE PROVIDER</b>					
Medical Provider Signature:					
Provider Name: <i>(please print)</i>					
Provider Address:					
Phone:			Fax:		
<b>Please Return This Form To Your Child's School When Completed.</b>					

ST. MARY SCHOOL  
HEALTH OFFICE  
IMMUNIZATION RECORD

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

- DPT/DTaP #1 \_\_\_\_\_
- DPT/DTaP #2 \_\_\_\_\_
- DPT/DTaP #3 \_\_\_\_\_
- DPT/DTaP #4 \_\_\_\_\_
- DPT/DTaP #5 \_\_\_\_\_
- DT \_\_\_\_\_
- Tdap ( age 11) \_\_\_\_\_
- OPV/IPV #1 \_\_\_\_\_
- OPV/IPV #2 \_\_\_\_\_
- OPV/IPV #3 \_\_\_\_\_
- OPV/IPV #4 \_\_\_\_\_
- Hib #1 \_\_\_\_\_
- Hib #2 \_\_\_\_\_
- Hib #3 \_\_\_\_\_
- Hib #4 \_\_\_\_\_
- MMR #1 \_\_\_\_\_
- MMR #2 \_\_\_\_\_
- Hep B #1 \_\_\_\_\_
- Hep B #2 \_\_\_\_\_
- Hep B #3 \_\_\_\_\_
- Varicella/ Varivax \_\_\_\_\_
- Pevnar/ PCV7 #1 \_\_\_\_\_
- Pevnar/ PCV7 #2 \_\_\_\_\_
- Pevnar/ PCV7 #3 \_\_\_\_\_
- Pevnar/ PCV7 #4 \_\_\_\_\_
- Hep A #1 \_\_\_\_\_
- Hep A #2 \_\_\_\_\_
- Meningococcal \_\_\_\_\_
- Td \_\_\_\_\_
- Gardasil \_\_\_\_\_
- TB tine/ Mantoux test \_\_\_\_\_

PHYSICIAN'S NAME \_\_\_\_\_  
 PHYSICIAN'S SIGNATURE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ TOWN \_\_\_\_\_  
 ZIP \_\_\_\_\_ PHONE \_\_\_\_\_ DATE \_\_\_\_\_