

ST. MARY SCHOOL

CHRIST CENTERED EDUCATION



ENROLLMENT CHECK LIST

The ability to enroll in St. Mary School is based on a "first come, first serve" basis. Once classes are filled all subsequent applicants are placed on a waiting list for future openings in the order they are received. Therefore, it is important to register your child and turn in the necessary enrollment forms as soon as possible.

Please return the following items to the school office:

- () **Registration Fee of \$125 (Per Child / Per Year)**
- () **Enrollment Form**
- () **Admission Agreement Form**
- () **Signed Tuition Agreement**
- () **Medical History**
- () **Health and Emergency Form**
- () **Emergency Kit & Comfort Note**
- () **Copy of Birth Certificate or Passport**
- () **School Photography Authorization Form**
- () **Authorization for Release of Student Records (New Elementary Students)**
- () **Teacher Assessment Form (New Elementary Students)**
- () **Report of Health Examination for School Entry (5-year-old health checkup)**

ST. MARY SCHOOL

CHRIST CENTERED EDUCATION



ADMISSION AGREEMENT FORM

I have received and read the "School Handbook" and accept and agree to abide by these policies.

In addition, I understand:

1. I have been informed of the policies and procedures of the school.
2. I have been informed of the goals, philosophy, and beliefs of the school.
3. There is a \$125.00 **non-refundable** registration fee.
4. The first tuition payment is due by the first day of school, and all subsequent payments are due on the **first** of the month.
5. I understand that I will be given a 30-day notice prior to any rate changes.
6. A late payment of \$30.00 is due with all payments made after the **fifth** of the month.
7. If a student is withdrawn during the academic year, St. Mary School must be notified in writing at least 30 days prior to withdrawal.
8. The school is not prepared to care for sick children. I will keep my child at home when he/she is not well.
9. It is my responsibility to ensure my child attends school and arrives on time each day. I will furnish the office in writing with the name of each adult person that I authorize to bring or pick up my child on the Enrollment Form.
10. My registration will not be complete until all the appropriate forms on the Enrollment Checklist have been submitted to the school office with the registration fee.

Parent / Guardian Signature

Date

ST. MARY SCHOOL

CHRIST CENTERED EDUCATION



HEALTH AND EMERGENCY FORM

**** PLEASE FILL OUT THIS FORM COMPLETELY AND ACCURATELY ****

**** IT IS THE PARENTS RESPONSIBILITY TO KEEP THIS INFORMATION CURRENT ****

**** IF ANY INFORMATION CHANGES, NOTIFY THE SCHOOL OFFICE IMMEDIATELY ****

Name of Child _____ Age _____ Room # _____

Address _____

Home Phone # _____ Email _____

Mother's Name _____ Work # _____ Cell # _____

Father's Name _____ Work # _____ Cell # _____

Who specifically **DOES NOT** have permission to pick up the child? _____

IF YOU HAVE A COURT ORDER STATING A PARENT DOES NOT HAVE PERMISSION TO PICK UP YOUR CHILD, YOU MUST PRODUCE A COPY OF THE COURT ORDER FOR THE SCHOOL OFFICE.

IN CASE OF AN EMERGENCY AND PARENTS CANNOT BE REACHED, PLEASE CALL:

Name _____ Home # _____ Work # _____

Cell # _____

Name _____ Home # _____ Work # _____

Cell # _____

***** THE FOLLOWING HAVE PERMISSION TO PICK UP MY CHILD *****

Name _____ Home # _____ Work # _____

Cell # _____

Name _____ Home # _____ Work # _____

Cell # _____

HEALTH INFORMATION

My child is allergic to the following food or medicine _____

Do you authorize the staff to administer NON-ASPIRIN PAIN RELIEVER? () Yes () No

MEDICAL CONDITIONS _____

DOCTOR _____ PHONE _____

DENTIST _____ PHONE _____

MEDICAL INSURANCE WITH _____ POLICY # _____

Parent / Guardian Signature

Date

ST. MARY SCHOOL

CHRIST CENTERED EDUCATION



*** NEW ELEMENTARY STUDENTS COMING FROM ANOTHER SCHOOL ***

AUTHORIZATION FOR RELEASE OF STUDENT RECORDS

Teacher Assessments, Transcripts and Records of Standardized Testing are a part of the admissions application to St. Mary School. Please fill out and return.

_____	_____	
Current School	Name of Student	

School Address		
_____	_____	_____
School Phone Number	Present Grade	Date of Birth

In accordance with the Family Educational Rights and Privacy Act of 1974 and California State Law, I hereby authorize the release to St. Mary School COPIES of all school records, including standardized test results, and any other developmental information regarding the student named above.

Please Mail to:

ST. MARY SCHOOL
17431 ROSCOE BLVD.
NORTHRIDGE, CA 91325

_____	_____
Parent / Guardian Signature	Date

Parent / Guardian Name	

Home Address	

ST. MARY SCHOOL

CHRIST CENTERED EDUCATION



*** NEW ELEMENTARY STUDENTS COMING FROM ANOTHER SCHOOL ***

TEACHER ASSESSMENT FORM

NAME OF STUDENT _____ DATE _____

TO THE PARENT:

As part of the admission process at St. Mary School, we must receive a candid assessment of the student. A Teacher Assessment Form must be completed by the student's primary teacher. I hereby waive my rights to access this recommendation on my behalf.

PARENT / GUARDIAN SIGNATURE: _____

Please circle the number that best applies in each category:

	WEAK	FAIR	GOOD	EXCELLENT
Motivation	1	2	3	4
Intellectual Aptitude	1	2	3	4
Growth Potential	1	2	3	4
Attention Span	1	2	3	4
Listening Skills	1	2	3	4
Follows Direction	1	2	3	4
Work Habits	1	2	3	4
Self-Discipline	1	2	3	4
Social Development	1	2	3	4
Leadership	1	2	3	4
Self-Confidence	1	2	3	4
Creativity & Originality	1	2	3	4
Respect for Authority	1	2	3	4
Considerate of Peers	1	2	3	4
Ability to Work with Others	1	2	3	4
Attendance	1	2	3	4

REPORT OF HEALTH EXAMINATION FOR SCHOOL ENTRY

To protect the health of children, California law requires a health examination on school entry. Please have this report filled out by a health examiner and return it to the school. The school will keep and maintain it as confidential information.

PART I TO BE FILLED OUT BY A PARENT OR GUARDIAN

CHILD'S NAME—Last	First	Middle	BIRTH DATE—Month/Day/Year
ADDRESS—Number, Street	City	ZIP code	SCHOOL

PART II TO BE FILLED OUT BY HEALTH EXAMINER

HEALTH EXAMINATION

NOTE: All tests and evaluations except the blood lead test must be done after the child is 4 years and 3 months of age.

REQUIRED TESTS/EVALUATIONS	DATE (mm/dd/yy)
Health History	/ /
Physical Examination	/ /
Dental Assessment	/ /
Nutritional Assessment	/ /
Developmental Assessment	/ /
Vision Screening	/ /
Audiometric (hearing) Screening	/ /
TB Risk Assessment and Test, if indicated	/ /
Blood Test (for anemia)	/ /
Urine Test	/ /
Blood Lead Test	/ /
Other	/ /

IMMUNIZATION RECORD

Note to Examiner: Please give the family a completed or updated yellow California Immunization Record.
Note to School: Please record immunization dates on the blue California School Immunization Record (PM 286).

VACCINE	DATE EACH DOSE WAS GIVEN				
	First	Second	Third	Fourth	Fifth
POLIO (OPV or IPV)					
DtaP/DTP/DT/Td (diphtheria, tetanus, and [acellular] pertussis) OR (tetanus and diphtheria only)					
MMR (measles, mumps, and rubella)					
HIB MENINGITIS (Haemophilus Influenzae B) (Required for child care/preschool only)					
HEPATITIS B					
VARICELLA (Chickenpox)					
OTHER (e.g., TB Test, if indicated)					
OTHER					

PART III ADDITIONAL INFORMATION FROM HEALTH EXAMINER (optional) and RELEASE OF HEALTH INFORMATION BY PARENT OR GUARDIAN

RESULTS AND RECOMMENDATIONS

Fill out if patient or guardian has signed the release of health information.

- Examination shows no condition of concern to school program activities.
- Conditions found in the examination or after further evaluation that are of importance to schooling or physical activity are: *(please explain)*

I give permission for the health examiner to share the additional information about the health check-up with the school as explained in Part III.

Please check this box if you **do not** want the health examiner to fill out Part III.

Signature of parent or guardian _____
Date

Name, address, and telephone number of health examiner

Signature of health examiner _____
Date

If your child is unable to get the school health check-up, call the Child Health and Disability Prevention (CHDP) Program in your local health department. If you do not want your child to have a health check-up, you may sign the waiver form (PM 171 B) found at your child's school.