

**ST. MARY SCHOOL**  

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**CHRIST CENTERED EDUCATION**



Elementary School  
Application of Admission

17431 Roscoe Blvd. Northridge, CA 91325

Telephone (818) 345 - 3500

Fax (818) 345 - 3593

Website: [thestmaryschool.com](http://thestmaryschool.com)

Email: [office@thestmaryschool.com](mailto:office@thestmaryschool.com)

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### **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

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## ENROLLMENT FORM

Child's Name \_\_\_\_\_ Date \_\_\_\_\_  
Last First Middle Initial

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ ( ) Male ( ) Female

Address \_\_\_\_\_  
Number & Street Apt # City Zip Code

Home Phone \_\_\_\_\_ English Spoken ( ) Yes ( ) No

Other Languages Spoken at Home \_\_\_\_\_

Siblings at St. Mary School ( ) Yes ( ) No Names \_\_\_\_\_

Mother's Name \_\_\_\_\_

Cell Number \_\_\_\_\_ Work Number \_\_\_\_\_

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

Address (if different from above) \_\_\_\_\_  
Number & Street Apt # City Zip Code

Father's Name \_\_\_\_\_

Cell Number \_\_\_\_\_ Work Number \_\_\_\_\_

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

Address (if different from above) \_\_\_\_\_  
Number & Street Apt # City Zip Code

Heard about St. Mary School through:

- ( ) Friend \_\_\_\_\_
- ( ) Brochure \_\_\_\_\_
- ( ) Other \_\_\_\_\_

- ( ) Banner in Front of Church
- ( ) Website

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

\_\_\_\_\_  
Date Child is to Start

\_\_\_\_\_  
Director's Signature

\_\_\_\_\_  
Date of Registration

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## 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.

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Parent / Guardian Signature

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Date

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## MEDICAL HISTORY

NAME OF CHILD: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

### PLEASE CHECK ANY SENSITIVITIES OR CONDITIONS THAT APPLY:

- |  |   |
|--|---|
| <input type="checkbox"/> Frequent Colds  | <input type="checkbox"/> Frequent Sore Throat |
| <input type="checkbox"/> Sinus Trouble   | <input type="checkbox"/> Frequent Earaches    |
| <input type="checkbox"/> Bronchitis      | <input type="checkbox"/> Stomach Upset        |
| <input type="checkbox"/> Kidney Trouble  | <input type="checkbox"/> Heart Trouble        |
| <input type="checkbox"/> Convulsions     | <input type="checkbox"/> Asthma               |
| <input type="checkbox"/> Diabetes        | <input type="checkbox"/> Epilepsy             |
| <input type="checkbox"/> Constipation    | <input type="checkbox"/> Bed Wetting          |
| <input type="checkbox"/> Sleep Walking   | <input type="checkbox"/> Sunburn              |
| <input type="checkbox"/> Poor Appetite   | <input type="checkbox"/> Nightmares           |
| <input type="checkbox"/> Homesickness    | <input type="checkbox"/> Fainting             |
| <input type="checkbox"/> Plant Poisoning | <input type="checkbox"/> Insect Stings        |
| <input type="checkbox"/> Behavior        | <input type="checkbox"/> Other: _____         |

### PLEASE INDICATE THE FOLLOWING DISEASES YOUR CHILD HAS HAD, AND DATES:

- |  |             |  |             |
|--|-------------|--|-------------|
| <input type="checkbox"/> Chicken Pox     | Date: _____ | <input type="checkbox"/> Scarlet Fever | Date: _____ |
| <input type="checkbox"/> Measles         | Date: _____ | <input type="checkbox"/> Polio         | Date: _____ |
| <input type="checkbox"/> Tuberculosis    | Date: _____ | <input type="checkbox"/> Mumps         | Date: _____ |
| <input type="checkbox"/> Rheumatic Fever | Date: _____ | <input type="checkbox"/> Scarlet Fever | Date: _____ |
| <input type="checkbox"/> Whooping Cough  | Date: _____ | <input type="checkbox"/> Rubella       | Date: _____ |
| <input type="checkbox"/> Other:          | _____       |  |             |

Specific Activities to be Restricted: \_\_\_\_\_

Recent Operations or Serious Injuries: \_\_\_\_\_

Is your Child under Special Medication: \_\_\_\_\_

### INSTRUCTIONS FOR ST. MARY SCHOOL

Should my child require special medication during school hours, I will send the medication to the school office with written instructions from a physician. I hereby authorize the school office staff to administer it, according to the written instructions indicating dosages and time schedules (fill out Consent for Medication for Administration of Medication Form for further instructions).

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

\_\_\_\_\_  
Date

# ST. MARY SCHOOL

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### 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



## EMERGENCY KIT & COMFORT NOTE

In order to be best prepared for emergency situations that may occur during the school day, such as earthquakes, we ask that all parents provide their child with an Emergency Disaster Kit. Below you will find what is needed to be placed in a **GALLON SIZE ZIPLOC BAG**. We will add a copy of the child's Health and Emergency Form in their kit. The policy at St. Mary School is that, in the event of an emergency, children will be kept at school until a designated authorized individual picks them up.

### KITS ARE TO CONTAIN THE FOLLOWING:

- ( ) One Change of Clothing
- ( ) One Space Blanket (this item can be purchased at Sporting Goods Stores)
- ( ) Three Small Cans of Protein Food (i.e. tuna, vienna sausage, chicken salad)
- ( ) 3-5 Favorite Snacks that keep for a long period of time (i.e. roll ups, granola bars, etc.)
- ( ) A picture of the family
- ( ) 3x5 Card - Name and telephone number of an out of state contact person
- ( ) One Travel Size pack of Baby Wipes
- ( ) One Small Book
- ( ) One Note of Comfort
- ( ) Two packages of Datrex (emergency water, can be purchased on Amazon)

### COMFORT NOTE:

Please include a short note to your child. If there are any nicknames, Bible scriptures or favorite sayings, please add them on the comfort note. Notes for children will reassure them that everything will be ok, and you will be there shortly to pick them up. Please remind your child to pray, be obedient to those in charge and show their best manners.

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## SCHOOL PHOTOGRAPHY AUTHORIZATION FORM

NAME OF CHILD \_\_\_\_\_

St. Mary School occasionally take photos of the students during school time (i.e.: pictures during class time, play time, school events, etc.). We will be including these pictures in our annual yearbook, as well as on social media, the school website, our banners, brochures or other types of school related advertising. There will be NO individual photography done; only group photos will be taken. If you agree to waive all rights to this issue, please check the "I AGREE" box below.

(  ) **I AGREE** to have pictures of my child taken during school time, to be used as stated clearly above.

(  ) **I DISAGREE** to have pictures of my child taken during school time, to be used as stated clearly above.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent / Guardian Name



# ST. MARY SCHOOL

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**\*\*\* 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.

_____	_____	
<b>Current School</b>	<b>Name of Student</b>	
_____		
<b>School Address</b>		
_____	_____	_____
<b>School Phone Number</b>	<b>Present Grade</b>	<b>Date of Birth</b>

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**

_____	_____
<b>Parent / Guardian Signature</b>	<b>Date</b>
_____	
<b>Parent / Guardian Name</b>	
_____	
<b>Home Address</b>	

# ST. MARY SCHOOL

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\*\*\* 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

**TEACHER ASSESSMENT FORM**

(CONTINUED)

In what areas has the student been recognized for outstanding performance? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

In what areas do you feel the student needs improvement? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Has the student been subjected to any serious disciplinary procedures (i.e.: suspension, expulsion, etc.)?      YES    NO \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What observations may help us to know more about this student? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Check the words that best describe the student.

Aggressive    Anxious    Cheerful    Disobedient    Easily Discouraged  
 Vivacious     Honest     Irritable     Nervous     Passive  
 Perfectionist    Shy        Positive    Negative    Self-Centered  
 Persistent    Sociable    Stubborn    Thoughtful    Untrustworthy

How would you describe the student's parents' cooperation with school personnel and policies?

Outstanding    Good        Fair        No Basis for Judgment

Is education a priority for the parents?    Yes    No

Is education a priority for the student?    Yes    No

**RECOMMENDATION**

**For Academic Promise**    do not recommend    without enthusiasm    fairly strong    enthusiastically

**For Character Promise**    do not recommend    without enthusiasm    fairly strong    enthusiastically

**Overall Recommendation**    do not recommend    without enthusiasm    fairly strong    enthusiastically

In what capacity do you know the student? \_\_\_\_\_ How long? \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_

Teacher's Name \_\_\_\_\_

School \_\_\_\_\_

Name

Address

City

Zip

Please mail this form directly to St. Mary School 17431 Roscoe Blvd. Northridge, CA 91325

## 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
<b>POLIO</b> (OPV or IPV)					
<b>DtaP/DTP/DT/Td</b> (diphtheria, tetanus, and [acellular] pertussis) OR (tetanus and diphtheria only)					
<b>MMR</b> (measles, mumps, and rubella)					
<b>HIB MENINGITIS</b> (Haemophilus Influenzae B) (Required for child care/preschool only)					
<b>HEPATITIS B</b>					
<b>VARICELLA</b> (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.**