

**ARE YOU REGISTERING  
MORE THAN ONE NEW STUDENT?**

**The forms contained in this packet  
are already in the  
Registration Packet for your first child.**

**You will need one of these packets for each of your  
second, third (etc.) children.**

*Thank You!*



Return this survey (if possible, with a snapshot of your child, which we would like to keep) when you register

## **SURVEY FOR PARENTS OF INCOMING STUDENTS**

Describe your child's religious education experiences.

Describe your child's current or chronic health problems (e.g., vision, hearing, speech, currently on medication, frequent earaches, allergies, seizures, diabetes, etc.).

Does your child take medication on a seasonal or regular basis? If yes, what kind? For what condition? Prescription or non-prescription?

Has your child ever been tested or diagnosed as being learning disabled, hyperactive, having attention deficit disorder or some other condition which affects learning (describe)? If so, include copies of any ISP or IEP plans from previous school including grade K.

Describe your child's ability to work independently and follow directions.

Describe your child's interactions with peers and adults, e.g., loner, joiner, seeks adult attention, a leader, etc.

Describe some of your child's activities.

Does your child belong to any groups or organizations? School or Community? Which ones?

Use the back of this sheet to describe any concerns you have about your child's academic or social progress as well as information you feel is important to help us better understand your child. We do not honor requests for particular homeroom teachers.

**NOTE: Any false or misleading information may result in loss of placement for your child in our school.**

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

Student Name \_\_\_\_\_ Student Date of Birth \_\_\_\_\_



# Immaculate Heart of Mary School

1955 ~ 2009 Over 50 Years of Catholic Education

U. S. Department of Education

2004 No Child Left Behind Blue Ribbon School  
7800 Beechmont Avenue, Cincinnati OH 45255

513/388-4086 FAX 513/388-3026

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

DebbiH@ihomschool.org

## Principal/Director Recommendation

Please complete and mail this form to: Admissions Administrator, IHM School, 7800 Beechmont Avenue, Cincinnati OH 45255. Do not return the completed form to the parents. This information is a necessary part of our admissions process and will be held in strict confidence. We appreciate your time and cooperation.

Student's Name \_\_\_\_\_ Current Grade Level \_\_\_\_\_

### STUDENT EVALUATION

Has the student ever been suspended?  No  Yes (Please explain: \_\_\_\_\_)

Has the student ever been expelled?  No  Yes (Please explain: \_\_\_\_\_)

Please check all boxes that describe this student:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Always Cooperative             | <input type="checkbox"/> Well Mannered                         | <input type="checkbox"/> Cooperates Only When Serves Personal Interest |
| <input type="checkbox"/> Positive Influence             | <input type="checkbox"/> Negative Influence                    | <input type="checkbox"/> Immature, Often in Trouble                    |
| <input type="checkbox"/> Responsive in Class            | <input type="checkbox"/> Basically Indifferent                 | <input type="checkbox"/> Does Not Participate in Class                 |
| <input type="checkbox"/> Negative Influence             | <input type="checkbox"/> Considerate                           | <input type="checkbox"/> Takes Responsibility for Actions              |
| <input type="checkbox"/> Leader                         | <input type="checkbox"/> Follower                              |  |
| <input type="checkbox"/> Independent Worker             | <input type="checkbox"/> Guidance is Necessary to Stay on Task |  |
| <input type="checkbox"/> Over-achiever                  | <input type="checkbox"/> Irregular Achievement                 | <input type="checkbox"/> Achievement Below Ability                     |
| <input type="checkbox"/> Loner                          | <input type="checkbox"/> Makes Friends Easily                  |  |
| <input type="checkbox"/> Well Organized                 | <input type="checkbox"/> Usually Prepared                      | <input type="checkbox"/> Disorganized                                  |
| <input type="checkbox"/> Works Independently            | <input type="checkbox"/> Does Not Stay on Task                 | <input type="checkbox"/> Works Well in Group Setting                   |
| <input type="checkbox"/> Always Constructively Involved | <input type="checkbox"/> Easily Distracted                     | <input type="checkbox"/> Disruptive                                    |

(OVER)

Student's academic strengths:

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Student's academic weaknesses:

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## PARENT INVOLVEMENT

Parent/Guardian's level of cooperation with faculty/administration regarding policies and procedures:

- Always Cooperative                       Usually Cooperative                       Not Usually Cooperative  
 Minimum Communication                       Argumentative

To your knowledge is the parents' perception of their child compatible with the school's understanding of the child? Explain.

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For academic reasons I recommend this student:

- Strongly                       Moderately                       With Reservation

For character reasons I recommend this student:

- Strongly                       Moderately                       With Reservation

Name of Person Completing Form (Please Print)

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Signature \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_ Telephone \_\_\_\_\_ Ext \_\_\_\_\_

School Name \_\_\_\_\_

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The student(s) listed below have entered our school for the 2009/2010 school year.

**STUDENT**

**GRADE (2009/2010)**

_____	_____
_____	_____
_____	_____

Please send all records, transcripts, speech and hearing, psychological testing, ISP's, comments, or any other useful information which would assist us in aiding the student in adjusting to this new situation. Include the student's health and immunization records. Thank you for your prompt cooperation in this matter.

## **AUTHORIZATION TO RELEASE PUPIL'S SCHOOL RECORDS**

\_\_\_\_\_  
*NAME OF PREVIOUS SCHOOL*

\_\_\_\_\_  
*ADDRESS (Street Address, City, State, Zip Code, Telephone)*

\_\_\_\_\_  
*NAME OF PRINCIPAL AND/OR COUNSELOR*

I hereby authorize you to release my child(ren)'s school records to Immaculate Heart of Mary School.

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

\_\_\_\_\_  
*Date*