

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

**Please take this packet of forms**

**ONLY IF YOU ARE REGISTERING**

**MORE THAN ONE CHILD**

**and do not currently have a child registered at IHM  
School**

**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!*

# NEW STUDENT DATA FORM

Immaculate Heart of Mary School . . . 7800 Beechmont Avenue . . . Cincinnati Ohio 45255 . . . 388-3020

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

**Grade Level** \_\_\_\_\_

_____ STUDENT'S COMPLETE <u>BIRTH</u> NAME AS LISTED ON BIRTH CERTIFICATE				
HOME ADDRESS:	STREET	CITY	STATE	ZIPCODE
HOME TELEPHONE NUMBER	RELIGION OF STUDENT	(NAME OF NEIGHBORHOOD <b>PUBLIC SCHOOL</b> STUDENT WOULD ATTEND, IF PARENT CHOSE TO SENT THIS STUDENT TO A PUBLIC SCHOOL)		
DATE OF BIRTH	CITY/STATE OF BIRTH	<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE		

_____ NAME OF FATHER/STEPFATHER/GUARDIAN					<input type="checkbox"/> FATHER	<input type="checkbox"/> STEPFATHER	<input type="checkbox"/> GUARDIAN
CITY/STATE OF BIRTH	RELIGION						
COMPLETE HOME ADDRESS (IF DIFFERENT FROM ABOVE)	STREET	CITY	STATE	ZIPCODE			
HOME TELEPHONE	WORK TELEPHONE	CELL/MOBILE TELEPHONE	PAGER				

_____ NAME OF MOTHER/STEPMOTHER/GUARDIAN					<input type="checkbox"/> MOTHER	<input type="checkbox"/> STEPMOTHER	<input type="checkbox"/> GUARDIAN
CITY/STATE OF BIRTH	RELIGION						
COMPLETE HOME ADDRESS (IF DIFFERENT FROM ABOVE)	STREET	CITY	STATE	ZIPCODE			
HOME TELEPHONE	WORK TELEPHONE	CELL/MOBILE TELEPHONE	PAGER				

Birth Parents:     Married     Other\*     Father Deceased     Mother Deceased     Separated\*     Divorced\*

\*Name of Parent/Guardian who has legal custody of student \_\_\_\_\_

**The Custodian/Guardian must provide the school with a copy of the court order granting custody.**

SACRAMENT	DATE RECEIVED	PARISH	CITY/STATE
Baptism			
Reconciliation			
First Eucharist			
Confirmation			

Previous School: \_\_\_\_\_  
 Name of School                      Complete Address: Street/City/State/Zip code                      Telephone Number

*Requirements for all new students: Attach a copy of Birth Certificate and Baptismal Certificate (unless baptized at Immaculate Heart of Mary Parish). If a new parishioner to Immaculate Heart of Mary Parish (less than six months) attach a letter of good standing from previous parish. New students in grades 2-8 are required to attach copies of standardized testing and report cards from previous school.*

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 KINDERGARTEN 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 attended pre-school? If yes, how many years and what school/s?

How many siblings does your child have? What are their names and ages?

Are there any family concerns we should know about in order to help your child?

Use the area below or 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 \_\_\_\_\_

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 GRADE 1-8 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.

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

Providing Catholic Education Since 1955

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](mailto:DebbiH@ihomschool.org)

## Principal/Director Recommendation for Grades K - 8

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"/> Considerate                    | <input type="checkbox"/> Takes Responsibility for Actions |  |
| <input type="checkbox"/> Leader                         | <input type="checkbox"/> Follower                         | <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) \_\_\_\_\_

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

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

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

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The student(s) listed below have entered our school for the 2012/2013 school year.

**STUDENT**

**GRADE (2012/2013)**

_____	_____
_____	_____
_____	_____

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*

## HEALTH OFFICE INFORMATION

Joan Jasper, Health Aide 388-3023

### STUDENT MEDICAL RECORD

Current medical record forms are required for all students new to Immaculate Heart of Mary School. Parents must present proof their child has had a **complete physical** during the current calendar year. **No form over one year old will be accepted.** Children who do not meet the physical requirement will not be admitted to school unless they present proof of a confirmed physician's appointment for the physical to be completed within 15 days of the first day of school. If the completed form is not returned within 7 days of the confirmed examination date, the student will be excluded from school. **All physical examination forms are due in the Health Office by August 15<sup>th</sup>.**

### IMMUNIZATION RECORD

(Per Sections 3313.671 and 3701.13 of the Ohio Revised Code)-attach copy to student medical record.

### SPINAL DEFORMITY and BASIC METABOLIC INDEX(BMI) SCREENING

These screenings are not conducted at IHM. Parents should have their children screened by the child's physician..

### VISION/HEARING SCREENING

Vision/Hearing Screening set forth by the Ohio Department of Health(ODH) Guidelines (section 3313.69 of Ohio Revised Code) is conducted at Immaculate Heart of Mary School as required for grades K, 1, 3, 5 and 7. The vision screening includes Observation, Monocular Distance Visual Acuity, Ocular Muscle Balance, Stereopsis and Color Deficit (males only) based on ODH rules. The hearing screening includes Observation and Pure-tone Conduction Audiometry. The ODH stresses that these screenings, while a valuable public health procedure, are not a substitute for a complete vision/hearing examination by a healthcare professional. Screening is not a diagnostic evaluation and will not detect all vision/hearing problems.

### EMERGENCY MEDICAL RESPONSE PLAN (EMRP)

Students with any type of medical condition which may require an emergency medical response must provide the school with an **Emergency Medical Response Plan** which outlines the medical condition, medication and emergency response needed. All plans must be reviewed and signed by the student's physician and school health aide. Examples of medical conditions which require an EMRP are/but not limited to: food allergy, asthma, diabetes, epilepsy, cystic fibrosis, anxiety attacks, heart/arrhythmia condition, celiac disease ,etc. It is the parents' responsibility to notify and provide the EMRP to the appropriate transportation district and after-school functions. It is highly recommended the student wear medical alert jewelry.

### MEDICATION

Any medication (both prescription and non-prescription) or herb/supplement which may be needed during the school day requires a physician's authorization. This includes the use of painkillers, cough drops, etc. The authorization form must be on file in the Health Office along with the medication/supplement in its' original container. **Students are not allowed to possess medication during the school day unless the medication is a rescue medication (epi-pen, inhaler).** If the student carries his/her own rescue medication, the authorization form and EMRP are still required to be filed in the Health Office. Rescue medication must be accessible at all times and not kept in the student's locker.

### ORAL ASSESSMENT

Must be completed by appropriate dental personnel.

### MEDICAL FORMS ON THE WEB SITE

The following forms are available on the Immaculate Heart of Mary School web site at [www.ihomschool.org](http://www.ihomschool.org) :

Authorization to Administer Prescription and Non-prescription Medication/ Herbal Supplements

Authorization for Student Possession and Use of Epinephrine Auto-injector

Exemption regarding immunizations and/or vision/hearing screening

Emergency Medical Response Plan-Universal

Emergency Medical Response Plan-Asthma

Emergency Medical Response Plan -Severe Allergy (Food, Bee ,Other)

Student Medical Record (Physical Form)

(Refer to the Student Handbook located on the school web site for more information.)

**STUDENT MEDICAL RECORD**  
**Form must be completed and returned to the Health Office by August 15**

**Parent/Guardian to complete this section**

Student's Name: \_\_\_\_\_ Female Male Date of birth : \_\_\_/\_\_\_/\_\_\_ Grade: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Physician and/or other appropriate medical personnel to complete this section**

**Physical Examination Date: \_\_\_\_\_ MUST BE COMPLETELY FILLED OUT**

Weight \_\_\_\_\_ Height \_\_\_\_\_ BMI % \_\_\_\_\_ Blood Pressure \_\_\_\_\_ Postural Screening:  Normal  Abnormal

**SCREENING:**

**Vision**

Visual Acuity: Right 20/ Left 20/ Muscle Balance: Far-  Pass  Fail Stereopsis :  Pass  Fail  
 Referral made Near- Pass  Fail Color(boys):  Pass  Fail

**Hearing(Pure Tone)**

Hearing Acuity: 1000 Hz at 20 Db **Right-**  Pass  Fail **Left-**  Pass  Fail Wears hearing aid?  
2000 Hz at 20 Db  Pass  Fail  Pass  Fail  Yes  No  
4000 Hz at 20 Db  Pass  Fail  Pass  Fail  Referral made

**TB Test:**(Required for students from outside the U.S. within 90 days) Date: \_\_\_\_\_ Type: \_\_\_\_\_ Result: \_\_\_\_\_

**Speech**

Normal  Delayed

**Communications**

Normal  Delayed

If delayed, please explain: \_\_\_\_\_

Do you believe there is a need for further screening for developmental disorders?  No  Yes(explain)

**➡ IMMUNIZATIONS: MUST HAVE UPDATED IMMUNIZATION RECORD ATTACHED**

**CHRONIC DISEASE ASSESSMENT:** If yes, please provide an Emergency Medical Response Plan to school.

**Asthma** No Yes: Intermittent Mild Persistent Moderate Persistent Severe Persistent Exercise Induced

**Anaphylaxis** No Yes: Food Insects Latex Animals Unknown Other

**Allergies** History of Anaphylaxis No Yes Epi Pen required No Yes

**Diabetes** No Yes: Type I Type II **Other Chronic Disease:** \_\_\_\_\_

**Seizures** No Yes, type: \_\_\_\_\_

This student has a developmental, emotional, behavioral or psychiatric condition which may affect his/her educational experience.

Explain: \_\_\_\_\_

Daily Medications(specify): \_\_\_\_\_

Is student able to participate in all regular physical and athletic activities? Yes No

Explain: \_\_\_\_\_

Based on student history and physical examination, this student has maintained his/her level of wellness. Yes No

Signature of health care provider

Date

Printed Provider Name and Phone Number

# ORAL ASSESSMENT

**Dentist and/or other appropriate dental personnel to complete this section**

Student's Name: \_\_\_\_\_ Date of Oral Exam \_\_\_\_\_

## SERVICES PERFORMED

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Examination by dentist     | <input type="checkbox"/> Orthodontic assessment | <input type="checkbox"/> Oral screening                       |
| <input type="checkbox"/> Dental sealants            | <input type="checkbox"/> Radiographs            | <input type="checkbox"/> Fluoride application                 |
| <input type="checkbox"/> Oral prophylaxis(cleaning) | <input type="checkbox"/> Diagnosis              | <input type="checkbox"/> Prescription for fluoride supplement |

## ORAL HYGIENE INSTRUCTION PROVIDED

- |                                   |   |
|-----------------------------------|---|
| <input type="checkbox"/> Brushing | <input type="checkbox"/> Diet counseling related to dental health |
| <input type="checkbox"/> Flossing | <input type="checkbox"/> Home/school use of fluoride mouth rinse  |

## THE FOLLOWING STATEMENTS ARE APPLICABLE

- |   |  |
|---|--|
| <input type="checkbox"/> No apparent care needed at this time       | <input type="checkbox"/> No restorative services required at this time |
| <input type="checkbox"/> All necessary services have been performed | <input type="checkbox"/> Further appointment has been arranged         |

\_\_\_\_\_  
**Examiner's signature**

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

\_\_\_\_\_  
**Printed provider name and phone number**

 **2012/2013 NEW FAMILY/STUDENT REGISTRATION FORM** 

*Immaculate Heart of Mary School ~7800 Beechmont Avenue ~ Cincinnati Ohio 45255 ~ 513/388-3020 ~ www.ihmschool.org*

**Please PRINT CLEARLY and USE A PEN WITH BLACK INK. Thank You!**  
 Year of Registration in Immaculate Heart of Mary Parish \_\_\_\_\_

Today's Date \_\_\_\_\_  
 Offertory Envelope Number \_\_\_\_\_

STUDENT'S FIRST AND LAST NAME	NICKNAME ( <b>ONLY</b> if preferred as <b>FIRST</b> name)	Grade in 2012-2013

**STUDENT/S:**  African American  Hispanic  Asian  Amer Indian/Alaskan  Caucasian  Hawaiian/Pacific Islander  Multiracial  
**PARENTS:**  Married  Single  Separated  Divorced  Mother Deceased  Father Deceased  Other  
**STUDENT/S LIVE WITH (Check all that apply):**  Mother  Father  Stepmother  Stepfather  Other: \_\_\_\_\_  
*(in the case of divorce, adoption, foster parenting or other court ordered custody, attach a copy of the court order granting custody)*

**PUBLIC SCHOOL DISTRICT WHERE STUDENT LIVES:**  
 Forest Hills  West Clermont  Milford  New Richmond  City of Cincinnati  Other \_\_\_\_\_

**CHECK ALL THAT APPLY:**  
 Active IHM Parishioner  New Student with sibling who graduated from IHM School in year \_\_\_\_\_  
 Non-Parishioner  At least one parent is an alumnus of IHM School

**FAMILY E-MAIL:** Primary E-mail \_\_\_\_\_ Secondary E-mail \_\_\_\_\_  
 May we publish this in the PTO Directory?  Yes  No May we publish this in the PTO Directory?  Yes  No

Father/Guardian Name _____ Home Address: Street City State Zip Code _____ Father/Guardian Religion Home Telephone _____ Work Telephone Employer _____ Cell/Mobile Telephone Pager Number _____ Father/Guardian Signature: _____	Mother/Guardian Name _____ Home Address: Street City State Zip Code _____ Mother/Guardian Religion Home Telephone _____ Work Telephone Employer _____ Cell/Mobile Telephone Pager Number _____ Mother/Guardian Signature: _____
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**Non-Custodial Parent Information (if applicable):**  
 Do you want this person's name, home address, home phone and e-mail published in the PTO Directory?  Yes  No  
 Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Complete Home Address \_\_\_\_\_  
 Work Telephone \_\_\_\_\_ Cell/Mobile Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

<b>PLEASE DO NOT WRITE IN THIS SECTION (Office use only) Thank You!</b>			
Date Deposit Rec'd	<input type="checkbox"/> Regn Policy	<input type="checkbox"/> Baptismal C	<input type="checkbox"/> 2-8 Rpt Cds
\$ Amt	<input type="checkbox"/> Tuition Commitment	<input type="checkbox"/> Birth C	<input type="checkbox"/> 2-8 Testing
Check #	Grade Level/s:	<input type="checkbox"/> Parent Survey	<input type="checkbox"/> Parent Fin'l School Ltr
Initial/Date to PO		<input type="checkbox"/> Student Data Form	<input type="checkbox"/> Parish Gd Stnd
		<input type="checkbox"/> Release of Records	<input type="checkbox"/> Custody