

Immaculate Heart of Mary School
2012/2013 School Registration Information
New Students

We would like to welcome you to Immaculate Heart of Mary School! Please visit our website at www.ihomschool.org to gain even more information about our school. The month of February is reserved for registration. Bring your Registration Packet to the School Office as soon as it is complete but remember to bring in your paperwork by the registration deadline (see schedule below). School Office hours are 7:30 a.m. until 3:15 p.m. You may direct questions concerning registration to Debbi Hill, Office and Admissions Administrator, at 388-3020 or DebbiH@ihomschool.org. You will be contacted in early March regarding enrollment status and at that time your deposit check will be processed or returned. Before a student can be considered for enrollment the following items MUST be received:

- Ivory Family/Student Registration Form (*last form in this packet*)
- Registration Policy Form
- Tuition Payment Commitment Form
- New Student Data Form
- Survey for Parents of Incoming Students
- Principal/Director Recommendation (*For grades K-8. Must be mailed from previous school and received by our Admissions Office before enrollment is considered complete*)
- Deposit Check (*payable to IHM School*)
- Release of Records Form (*sign and return this form to OUR School Office - this Release Form will be mailed to your child's current school close to his/her withdrawal date from that school.*)
- If transferring from another Catholic or private school, attach a personal letter stating that your financial obligations to the school are current
- Health Office Medical Forms in this packet are due by the date on the forms
- Copy of Birth Certificate
- Copy of Baptismal Certificate (*unless baptized at Immaculate Heart of Mary Parish or not Catholic*)
- Letter of good standing from a former parish (*if Immaculate Heart of Mary parishioner less than six months*)
- Copy of court order granting custody (*in cases of divorce, adoption, foster parenting or other court-ordered custody*)
- Students entering grades 2-8: Copies of current and previous standardized testing and report cards (*current year and past two years*)
- Copies of psychological testing, current IEP or ISP, or medical testing which may relate to student's learning, or success in school

NOTE: DO NOT INCLUDE PRESCHOOL OR PRE-K REGISTRATION OR CHECKS WITH THIS REGISTRATION!
Registration for preschool must be handled separately. Follow instructions on their registration packet and submit in an envelope addressed "Preschool Registraton" with a separate check.

PARENTS OF INCOMING STUDENTS (GRADES K-8) A readiness assessment will be given to every incoming student. You will be notified if the readiness assessment determines your child is not ready to enroll. Students entering Kindergarten: The assessment is scheduled for May 10 and May 11...call Lisa Day at 388-3021 after February 21 to schedule a date for your child's assessment. Grades 1-8: Your assessment information will be provided at a later date.

UNIFORMS

- Our 2011/2012 Dress Code can be found on our main school website. A short version is in **We are IHM.**
- Our PTO manages a Used Uniform Program. This is your opportunity to purchase used polo shirts, skirts/skort, sweatshirts and pants. On Thursday, May 17, from 6:30-7:30 p.m. the PTO will hold a Used Uniform Sale at our school. Cash only (checks will not be accepted)! Bring singles as change will not be available.
- Schoolbelles is our uniform supplier (school code 1924, www.schoolbelles.com). Measuring Night is Thursday, May 17, 6:30 in Heritage Hall. Some items are also available at Lands End www.landsend.com/school 1-800-469-2222 Preferred School Code 9001-3221-8.

REGISTRATION SCHEDULE

WEEK OF February 6: Current Immaculate Heart of Mary School students and their siblings
WEEK OF February 13: Parish families with new students whose siblings have graduated from Immaculate Heart of Mary School and whose parents have remained active parishioners
WEEK OF February 21: Children of parish families who will be enrolling for the first time in Immaculate Heart of Mary School
WEEK OF February 27: Children whose families are parishioners at another Catholic Parish which does not have a school with the agreement of their pastor to pay the parish subsidy and registration for children of non-parishioners

2012/2013 TUITION

The Immaculate Heart of Mary Parish School serves the spiritual and educational needs of parishioners and others who support the value of a Catholic education for their children. As you know, school tuition does not cover the total cost of education here at Immaculate Heart of Mary Parish School. Part of the contributions made to the Sunday and holyday offertory are used to support the school, one of the parish's largest ministries. Parish and School Administration, in consultation with the Parish Pastoral Council, the Education Commission, and the Administration & Finance Commission, determine the amount of tuition each year.

2012/2013 GRADE 1 - 8 TUITION

NOTE: A Technology Fee (\$65 per child) and a FACTS fee (\$41 per family) are included in the tuition prices below. If you opt to prepay in full by July 1, 2012, you will receive a \$41 credit at the time of your prepayment.

Number of Children in Grades 1-8	Parishioner	Non-Parishioner <i>(Families who are not registered in the parish or registered families with no record of parish support)</i>
1	\$3,786	\$6,556
2	\$7,276	\$13,071
3	\$9,856	\$19,586
4	\$11,396	\$26,101
5 or more	\$12,140	\$6,515 per child + \$41 per family

2012/2013 KINDERGARTEN TUITION

Number of Children in Kindergarten	Parishioner	Non-Parishioner <i>(Families who are not registered in the parish or registered families with no record of parish support)</i>	+Deduct FACTS fee (\$41) from this amount if family is enrolling siblings in grades 1-8
1	\$4,056	\$6,556	
2	\$8,071	\$13,071	

Our school is able to offer a wide variety of optional programs including the following:

- Weekly Mass
- An Intervention Assistance Team who provide services to more than 300 students throughout the school year
- Twenty seven classroom teachers, fifteen full and part time related arts teachers
- All teachers hold valid Ohio teaching credentials
- Thirteen full time equivalent teaching assistants
- Renovated school with air-conditioned classrooms
- Playground facility for outside recess
- Five academic classes and one religion class per day
- Teacher assistants in each kindergarten classroom
- Teacher assistants in all grade levels
- Library and full time librarian equivalent
- Band, choir, keyboard, strings programs offered during the school day
- Computer lab with teacher
- Stewardship projects
- Olweus Bully Prevention Program
- Extensive technology including campus wireless access, Netbook carts, iPad and iPod labs, Flip video cameras for student use, electronic whiteboards, digital equipment, projectors and extensive software programs
- Enrichment program for identified students
- Making a Great Brain Better program for junior high
- Fully equipped and maintained science lab for the junior high
- Cafeteria with hot meal program
- Gym facility for physical education classes
- After Care program
- Broadcast studio
- Starlab portable planetarium

Parishioner Guidelines

The school handbook admissions policy states: Families who regularly participate in parish religious practice and worship at Immaculate Heart of Mary Parish, or another parish from which they have recently moved, and have done so for a minimum of six months prior to registration including all of the following: regular Sunday Mass attendance and use of envelopes (no minimum dollar amount required), support of all sacramental programs, participation in religious formation programs. A yearly stewardship pledge, volunteer time and talent in ministries and organizations associated with the school and/or parish, financial support of the church to the best of the family's ability. Parishioner status will be reviewed on an annual basis.

Tuition Assistance Policy for Parish Day School Families

Immaculate Heart of Mary Parish provides tuition assistance to help parish day school families attend the school. Active parishioners may apply for assistance by completing an application which is available through the parish or school office.

The application will be processed by a third party company which will apply designated criteria in order to rank eligibility and determine dollar amounts available for assistance. The application must be submitted by specified dates, and eligibility for these financial grants will be determined by April 15. All parents registering for the next school year are expected to submit a tuition deposit during the February registration period, regardless of whether or not they are currently on financial assistance. If a financial crisis occurs during the course of a school year, parents will have an opportunity to complete an application for financial assistance at that time.

If financial circumstances change, prayerfully consider repaying the parish for the assistance you have received.

To apply for tuition assistance secure a PSAS (Private School Aid Service) packet from the parish (Sandi Zibulka 388-4183) or school office (Debbi Hill 388-3020). There is a processing fee. The form and fees must be received in the PSAS office in Lakewood, Ohio by March 15, 2012. The entire matter is confidential. If there are special circumstances or "hardship" cases, please contact the Pastor at 388-4466.

IMPORTANT TUITION PAYMENT OPTIONS FOR THE 2012- 2013 SCHOOL YEAR

Immaculate Heart of Mary School offers **two** payment options: Payment **in full** by July 1, 2012 or nine monthly payments via FACTS Management. FACTS Management Company serves over 4,000 schools nationwide and is the industry leader in tuition management for private and faith-based schools. You will be receiving a TAB Statement (Tuition Account Billing Statement) from FACTS Management Company. It will list your total tuition balance due the school for the upcoming school year along with instructions on how to make your full payment OR enroll in a payment plan online.

Please do not discard your TAB Statement. If you budget your payment of tuition through FACTS, you will need this statement to make your payment.

- 1. Paying in Full – Due July 1, 2012** If you choose the single pay option on your registration form, the IHM Tuition Office will send you a statement in June and payment must be received by the parish office by Monday, July 2, 2012. There will be a \$41 FACTS credit on your June statement for timely pre-payment of tuition by July 1, 2012 **If the full payment is received after July 1, 2012, you will be charged the FACTS fee of \$41.**
- 2. Nine Monthly Automatic Withdrawal Payments via FACTS Management.**

On your registration form if you choose to budget your tuition payments through FACTS, a statement from FACTS will be mailed to you in June 2012. Once you receive that statement, you **MUST** go online and follow the instructions on the statement to set up your monthly payments. If you do not do this prior to June 30, you will be charged a late fee and a second statement will be mailed to you. The monthly payments will be withdrawn July 2012 through January 2013, February payment will be skipped, and then withdrawals resume in March and April 2013. You will be given a choice of withdrawal dates during the month:

 - A. Automatic payments are processed from your checking or savings account (ACH) on the 5th **or** the 20th of each month
 - B. Automatic payments are processed from your credit card (Discover, Amex, M/C) on the 5th **or** the 20th of each month. Note: a "convenience fee" (2.5%) will be applied for credit card payments.

You must respond to this TAB invoice by setting up your monthly payments in order to complete your enrollment.

If any step of the process is unclear, or if you have any questions about the tuition payment process, please do not hesitate to contact Sandi Zibulka at SandiZ@ihom.org or 388-4183 at the Parish Office.

Sincerely,
Mary Hedger and Nancy Goebel, Co-Principals
Phone: (513) 388-4086

2012/2013 DEPOSIT

The deposit amount listed below (*by check, payable to IHM*) is due by the **2012-2013** registration deadline, along with the Registration Forms. Deposit equals 10% of tuition noted on page one.

Number of Children in Grades 1-8	2012-2013 Parishioner Deposit due at registration (by check)	2012-2013 Non-Parishioner Deposit due at registration (by check)
1	\$375	\$652
2	\$724	\$1,303
3	\$982	\$1,955
4	\$1,136	\$2,606
5 or more	\$1,210	Call Parish Office for Amount

Number of Children in Kindergarten	2012-2013 Parishioner Deposit due at registration (by check)	2012-2013 Non-Parishioner Deposit due at registration (by check)
1	\$402	\$652
2	\$803	\$1,303

A RETURNED CHECK FEE OF \$50 WILL BE CHARGED FOR RETURNED DEPOSIT CHECKS. RETURNED CHECKS WILL RESULT IN LOSS OF PLACEMENT FOR YOUR CHILD.

Parish Day School Registration Policy

(The bottom section of this sheet must be signed and returned with Registration Forms)

Policy:
Families wishing to enroll their child(ren) at the Immaculate Heart of Mary Day School for the following academic school year are to remit a deposit which is due by the enrollment date appropriate for their status (e.g. returning students, new students/parishioners, new students/non-parishioners, etc.), and is set by the administration for each new academic year.

- (a) Families with a *demonstrated financial hardship* (as defined by the parish financial assistance policy) may request that other arrangements for the deposit be made. Such requests will be evaluated by the Pastor on a case-by-case basis, but must include a deposit of an agreed amount by the original date due and payment of the deposit must be completed by May 1. Failure to meet the agreed upon dates may result in the loss of your child(ren)'s place in the school.
- (b) Upon a formal request from the parents to the Principal(s) before May 1, a deposit may be refunded provided that another student(s) is(are) available to take the vacated place(s).
- (c) After May 1, the deposit is non-refundable, except as follows:
With sufficient cause, parents may petition the principal(s) in writing for a refund after May 1.
If a refund is granted at any time and for any reason, a processing fee of 15% may be assessed.



(Return this section with Registration paperwork)

I acknowledge that I have read all information included in this 2012/2013 registration packet, including the Tuition Assistance Policy and the Registration Policy, and I agree to abide by them.

Name of parent(s) {Please Print} _____

Signature of parent(s) _____

**Immaculate Heart of Mary Parish School
Tuition Payment Commitment 2012-2013 School Year**

**Parent(s) Responsible for
Tuition Payments**

Address	_____	
City/State/Zip	_____	
Daytime Phone	_____	
e-mail	_____	
	Student Names	Grade 2012/13
Student Name	_____	_____
Student Name	_____	_____
Student Name	_____	_____
Student Name	_____	_____
Student Name	_____	_____

I (We) have reviewed the Tuition Payment Plans for the 2012-2013 school year and agree to pay my (our) child(ren)'s tuition using the payment option checked below.

- A. Single pay – Payment by check due no later than July 1, 2012. A statement will be sent to you in June deducting your February deposit and the \$41 FACTS fee from the tuition amount shown on page one.
- B. Nine equal payments via FACTS transaction withdrawals from my (our) account, July through April, skipping the month of February, or via credit card at a 2.5% fee. Once you choose this option, the \$41 FACTS fee must be paid even if after July 1 tuition is paid in full.

By signing below, I (we) state our intentions to pay for the cost of our child/children.

Signature	Date	Signature	Date
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Please return

- **This form with a payment option selected**
- **Family/Student Registration Form**
- **Deposit Check**
- **Parish Day School Registration Policy Form**
- **and any other required forms for new students, by the registration deadline.**

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

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:

Student's academic weaknesses:

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.

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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www.ihomschool.org e-mail: DebbiH@ihomschool.org

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

Immaculate Heart of Mary School Long Range Planning

Would you please take a moment to assist us in planning for the future of our school? We appreciate your cooperation!

Parent Name _____

Home Phone _____

List the names and birth dates of any young children in your family who **DO NOT YET ATTEND OUR SCHOOL** (*do not include 2012/2013 Immaculate Heart of Mary School incoming students*). *If this does not pertain to your family you do not need to return this form to our school.*

Birth Date

Child's Name

____/____/____

____/____/____

____/____/____

____/____/____

____/____/____

____/____/____

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 15th.**

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 :

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: _____	<input type="checkbox"/> Female <input type="checkbox"/> 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 **Communications**
 Normal Delayed 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!

Today's Date _____

Year of Registration in Immaculate Heart of Mary Parish _____

Offertory Envelope Number _____

STUDENT'S FIRST AND LAST NAME	NICKNAME (ONLY if preferred as FIRST 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: _____
--	--

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 _____

PLEASE DO NOT WRITE IN THIS SECTION (Office use only) Thank You!			
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