

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

**Please take this packet of forms  
ONLY IF YOU ARE REGISTERING  
MORE THAN ONE CHILD**

**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.**

*(Note that some forms in this packet are only for grades 1-8  
while others are only for Kindergarten)*

*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 BIRTH NAME _____		SOCIAL SECURITY NUMBER (REQUIRED) _____	
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

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) e-mail: [DebbiH@ihomschool.org](mailto:DebbiH@ihomschool.org)

The student(s) listed below have entered our school for the 2010/2011 school year.

## STUDENT

## GRADE (2010/2011)

_____	_____
_____	_____
_____	_____

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*



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## Principal/Director Recommendation for Grades 1-8

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"/> Guidance is Necessary to Stay on Task         |
| <input type="checkbox"/> Leader                         | <input type="checkbox"/> Follower                         | <input type="checkbox"/> Achievement Below Ability                     |
| <input type="checkbox"/> Over-achiever                  | <input type="checkbox"/> Irregular Achievement            | <input type="checkbox"/> Disorganized                                  |
| <input type="checkbox"/> Loner                          | <input type="checkbox"/> Makes Friends Easily             | <input type="checkbox"/> Works Well in Group Setting                   |
| <input type="checkbox"/> Well Organized                 | <input type="checkbox"/> Usually Prepared                 | <input type="checkbox"/> Disruptive                                    |
| <input type="checkbox"/> Works Independently            | <input type="checkbox"/> Does Not Stay on Task            |  |
| <input type="checkbox"/> Always Constructively Involved | <input type="checkbox"/> Easily Distracted                |  |

(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 \_\_\_\_\_