

**ST. STEPHEN SCHOOL
Registration Packet
School Year 2019 – 2020**

Pre-K – 4 Year Old Program

Registration Fee _____

Tuition Agreement _____

Facts Tuition Form _____
(To be completed online at www.ststephengi.org)

Birth Certificate _____

Baptismal Certificate _____

*Physical Examination _____

Immunization Record _____

Please fill in all information and return **ALL** information to the school office.

*New York State Law requires that new students, children in Pre-Kindergarten, Kindergarten and Grades 1, 3, 5 and 7 have a physical examination.

**ST. STEPHEN SCHOOL REGISTRATION
2019 – 2020**

PRE-KINDERGARTEN 4 Year Old Program

Household Name: _____ Household Language: _____

Household Address: _____

Telephone: _____ E-mail: _____
Area Code

Father's Name: _____
Last First Full Middle Suffix

Father's e-mail: _____ Cell Phone: _____

Father's Occupation: _____ Religion: _____

Name of Company: _____ Business Phone: _____

Business Address: _____

Mother's Name: _____
Last First Full Middle Maiden

Mother's e-mail: _____ Cell Phone: _____

Mother's Occupation: _____ Religion: _____

Name of Company: _____ Business Phone: _____

Business Address: _____

Guardian Name: _____ Guardian e-mail: _____
(If applicable)

Guardian Address: _____

Telephone: _____ Cell Phone: _____

Student Legal Name: _____
Last First Middle Suffix

Address: _____

Telephone: _____ **Birth Date:** _____

Birth Place: _____ Date Entered United States _____
City State Country (If outside the United States)

Parish Affiliation: _____ Religion: _____

Present School: _____ Nickname: _____

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Check where appropriate: Parents together Parents Divorced * Parents Separated

* If parents are divorced, a copy of the custody agreement must be provided to the school

Student resides with: Both Parents Mother Father Guardian

Student Ethnicity: Caucasian Black Hispanic Asian Alaskan Multiracial American Indian

Siblings (Names & Ages): _____

Paternal Grandparents: _____

Address: _____

Maternal Grandparents: _____

Address: _____

Emergency Contacts besides parent(s), grandparent(s), guardian(s):

Name: _____ Relationship to Student: _____
 Address: _____ Telephone #: _____
 Business Phone: _____ Cell Phone: _____

Name: _____ Relationship to Student: _____
 Address: _____ Telephone #: _____
 Business Phone: _____ Cell Phone: _____

SACRAMENT	DATE	CHURCH	CITY/TOWN
Baptism			
First Penance			
First Eucharist			

OFFICE USE ONLY

Registration Fee: Date _____ \$ _____ Check / Cash _____

* New York State Law requires that new students, children in Pre-K, Kindergarten, Grades 1, 3, 5 and 7 have a physical.

** If immunizations are not received within two weeks after school has started, you will be called to pick up your child from school. If you have moved here from out of state, you will have 30 days to have the immunizations sent to school.

ST STEPHEN SCHOOL

HEALTH CERTIFICATE / APPRAISAL FORM - 2019 - 2020

Name: _____ Date of Birth: _____

School: _____ Gender: M F Grade: _____

IMMUNIZATIONS / HEALTH HISTORY

Immunization record attached
 No immunizations given today
 Immunizations given since last Health Appraisal: _____

Sickle Cell Screen: Positive Negative Not done Date: _____
 PPD: Positive Negative Not done Date: _____
 Elevated Lead: Yes No Not done Date: _____
 Dental Referral Yes No Not done Date: _____

Significant Medical/Surgical History: See attached _____

Allergies: LIFE THREATENING Food: _____ Insect: _____ Other: _____
 Seasonal Medication: _____

PHYSICAL EXAM

Height: _____ Weight: _____ Blood Pressure: _____ Date of Exam: _____

Body Mass Index: _____ Weight Status Category (BMI Percentile): <input type="checkbox"/> less than 5 th <input type="checkbox"/> 5 th through 49 th <input type="checkbox"/> 50 th through 84 th <input type="checkbox"/> 85 th through 94 th <input type="checkbox"/> 95 th through 98 th <input type="checkbox"/> 99 th and higher	Vision - without glasses/contact lenses Vision - with glasses/contact lenses Vision - Near Point Hearing <input type="checkbox"/> Pass 20 db sc both ears or:	R R R R	L L L L	Referral
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EXAM ENTIRELY NORMAL Tanner: I. II. III. IV. V. Scoliosis: Negative Positive: _____

Specify any abnormality (use reverse of form if needed): _____

MEDICATIONS

Medications (list all): None Additional medications listed on reverse of form

Name: _____ Dosage/Time: _____

Name: _____ Dosage/Time: _____

If AM dose is missed at home: _____

I assess this student to be self-directed Yes No Student may self carry and self administer medication Yes No

Note: Nurse will also assess self-direction for the school setting. Please advise parent to send in additional medication in the event that emergency sheltering is necessary at school or if the morning medication has not been given.

PHYSICAL EDUCATION / SPORTS / PLAYGROUND / WORK QUALIFICATION / CSE CONSIDERATION

Free from contagions & physically qualified for all physical education, sports, playground, work & school activities OR only as checked:
 ___ Limited contact: cheerlead, gymnastics, ski, volleyball, cross-country, handball, fence, baseball, floor hockey, softball.
 ___ Non-contact: badminton, bowl, golf, swim, table tennis, tennis, archery, riflery, weight train, crew, dance, track, run, walk, rope jump.

Specify medical accommodations needed for school: _____ None

Known or suspected disability: _____ Please monitor

Restrictions: _____ Please monitor

Protective equipment required: Athletic Cup Sport goggles/impact resistant eyewear Other: _____

OPTIONAL INFORMATION, if known

Specify current diseases: Asthma Diabetes: Type 1 Type 2 Hyperlipidemia Hypertension
 Other: _____

Provider's Signature: _____ Phone: _____ (Stamp below)

Provider's Name/Address: _____ Fax: _____

PHYSICIAN'S ORDER FOR SELF-MEDICATION RELEASE FORM

Student's Name _____ Date _____
has been instructed in the proper use of the following medication procedures:

We request that

Student Name

be permitted to carry the medication on his/her person or to keep same in his/her locker, as we consider him/her responsible. He/she has been instructed in and understands the purpose and appropriate method and frequency of use.

Physician's Signature

Parent/Guardian Signature

- Only those medications which are necessary to maintain the student in school and which must be given during school hours should be administered. Any student who is required to take medication during the regular school day or while participating in school-sponsored activities (e.g., field trips, athletics) should comply with all procedures.
- All medication must be in the original packaging or a prescription bottle from the pharmacy.
- During Field Trips or other school activities, classroom teacher will be advised in regards to procedures.
- Students assessed by their licensed healthcare provider as being self-directed may carry and self-administer an inhaler or epi-pen.
- Any medication that is not picked up by an adult at the end of the school year will be discarded by the school as per New York State guidelines.
- These procedures for administering medications must be followed to provide safeguards, and protection for your child's health. This policy has been implemented district wide. Your school must follow these district regulations for any student who takes medication during the school day.
- These procedures will be strictly enforced.

St. Stephen School ~ Grand Island CSD
School Health Services

2019 - 2020

Parent and Prescriber's Authorization for
Administration of Medication in School

State Law states that **NO MEDICATIONS** including non-prescription drugs **(includes cough drops, lozenges, lip balms, skin creams, etc)** be given in the school except on the prescription and written order from a physician and a written request from the parent. Medicine must be delivered and picked up by the parents. No medications will be administered if brought in by the student and will not be returned to the student.

Student Name: _____

Diagnosis _____

Name of Medication: _____ Dosage: _____

Time of be taken during school _____ Entire School Year
Medication

In the event of a missed dose, _____ may be taken

as follows: _____
(Parent will be notified if a dose is missed)

Physician's Signature: _____ Date _____

PARENT'S REQUEST FOR ADMINISTRATION OF MEDICATION

I hereby request that the medication ordered by our physician as indicated above be administered as ordered to our child, and thereby releasing St. Stephen School of the Grand Island School District and its employees of liability for such administration of medications.

Student Name: _____ Grade _____

Parent/Guardian Signature

Date

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St. Stephen School

To Love, To Inspire – To Achieve!

Discipleship Embodied • Partnership Embraced • Scholarship Celebrated • Leadership Modeled • Citizenship Personified

Dear Parents, Guardians, and School Staff:

New York State Education Law Section 409-H, effective July 1, 2001, requires all public and nonpublic elementary and secondary schools to provide written notification to all persons in parental relation, faculty, and staff regarding the potential use of pesticides periodically throughout the school year.

St. Stephen School is required to maintain a list of persons in parental relation, faculty, and staff who wish to receive 48-hour prior written notification of certain pesticide applications. The following pesticide applications are not subject to prior notification requirement:

- a school remains unoccupied for a continuous 72-hours following an application
- anti-microbial products
- nonvolatile rodenticides in tamper resistant bait stations in areas inaccessible to children
- nonvolatile insecticidal baits in tamper resistant bait stations in areas inaccessible to children
- silica gels and other nonvolatile ready-to-use pastes, foams or gels in areas inaccessible to children
- boric acid and disodium octaborate tetrahydrate
- the application of EPA designated biopesticides
- the application of EPA designated exempt materials under 40CFR152.25
- the use of aerosol products with a directed spray in containers of 18 fluid ounces or less when used to protect individuals from an imminent threat from stinging and biting insects including venomous spiders, bees, wasps, and hornets

In the event of an emergency application necessary to protect against an imminent threat to human health, a good faith effort will be made to supply written notification to those on the 48-hour prior notification list.

If you would like to receive 48-hour notification of pesticide applications that are scheduled to occur in school, please complete the form below and return to St. Stephen School.

2019 – 2020

ST. STEPHEN SCHOOL <i>Request for Pesticide Application Notification</i>	
FAMILY NAME: _____	
Day Phone: _____	Evening Phone: _____
E-Mail Address: _____	

2080 Baseline Road • Grand Island, NY 14072
Phone: 716-773-4347 • www.ststephengi.org