

St. James School



Excellent Minds. Exceptional Hearts.

# Saint James School

## North Hills Regional Catholic Elementary Schools

201 Broad Street, Sewickley, PA 15143

Office: 412-741-5540

Email: [mknobloch@saintjames-sewickley.org](mailto:mknobloch@saintjames-sewickley.org)



STUDENT DATA (*Please Print Clearly*)  K  1  2  3  4  5  6  7  8  
 PS 3  PS 4 ~ 3 Half days  PS 4 ~ 3 Full days

Student's Last Name:		First:	Middle:
Address:			Male / Female:
City:	State:	Zip:	Phone:
Date of Birth:		Age as of September 1:	
Place of Birth:			
Public School District of Residence (Taxes paid to):		Public School Building this student would attend, if not enrolled here:	
Religion:		Parish where registered:	
Ethnicity: <input type="checkbox"/> African-American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Caucasian <input type="checkbox"/> Multi-racial <input type="checkbox"/> Pacific Island <input type="checkbox"/> Other			
Current School:		Address of Current School:	

### FAMILY DATA (*Please Print Clearly*)

MOTHER (First, Maiden & Last)	FATHER
Name:	Name:
Address	Address:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
E-mail:	E-mail:
Occupation	Occupation:
Employer:	Employer:
Business Phone:	Business Phone:
Religion:	Religion:
Parish where registered:	Parish where registered:
Catholic School Alumni <input type="checkbox"/> Yes <input type="checkbox"/> No	Catholic School Alumni <input type="checkbox"/> Yes <input type="checkbox"/> No

Student resides with:  Both Parents  Mother only  Father only  Joint Custody  Other

Parents/Guardians Marital Status:  Married  Separated  Divorced  Widowed  Single Parent

Transportation: Child will be a:  Car Rider  Walker  Bus Rider - School District: \_\_\_\_\_  
(Used most often K-8)

## Saint James School - NHRCES

## GUARDIANSHIP (if applicable)

**Custody:** *A legal document stating guardianship must be provided in cases of divorce with sole and/ or shared custody*

Student's legal guardian (if other than parent) \_\_\_\_\_

Relationship to the student \_\_\_\_\_

**If mail is to be sent to a second address, please complete:**

Name:
Address:
Relationship:

**SACRAMENTAL INFORMATION of Applicant:**

	Date	Church	City and State
Baptism			
Reconciliation			
Holy Eucharist			
Confirmation			

**SIBLINGS UNDER 18 (Oldest to Youngest):**

	Name	Male/Female	Date of Birth
1.			
2.			
3.			
4.			

**Please list any talents or interests you will be willing to share with the school:**

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Please return this Application with a non-refundable deposit of \$200.00. (This will be applied to your family's tuition.)

Checks and money orders should be made payable to: Saint James School  
201 Broad Street  
Sewickley, PA 15143

The following must also be submitted with each child's registration:

- Birth Certificate
- Baptism Certificate
- Immunization records

**No application will be considered complete until ALL FORMS AND PAYMENTS are submitted to the school office.**

For office use only: Date: \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_

## Saint James School - NHRCES

<b>STUDENT'S NAME:</b>	
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New and transferred students are accepted on a probationary basis (90 school days). New students and their families should be cognizant of, and willing to comply with, all school expectations. If problems arise during the probationary period which have not been resolved, the student will be required to transfer.

In order to provide the best education for your child, please complete the following:

**Has your child ever:**

1. Had a psychological evaluation?  Yes  No
  
2. **Been diagnosed with any of the following:**  
 LD (Learning Disability)  ADD (Attention Deficit Disorder)  ADHD (Attention Deficit Hyperactive Disorder)  
 ASD (Autism Spectrum Disorder)  ODD (Oppositional Defiant Disorder)  Other \_\_\_\_\_  
**Does your child take medication associated with this diagnosis?**  Yes  No
  
3. **Received any of the following services:**  
 Counseling  Emotional Support  Gifted Support  Remedial Math  Remedial Reading  
 Speech/Language  Project Dart  Learning Support  Other \_\_\_\_\_
  
4. **Had an IEP?**  Yes  No **If yes, what is the disability?** \_\_\_\_\_  
**Please submit a copy of the IEP.**
  
5. **Been diagnosed with a medical condition that the school should be aware of?**  Yes  No  
**If yes, please explain.** \_\_\_\_\_
  
6. **Repeated a grade.**  Yes  No **If yes, which grade?** \_\_\_\_\_ **Why?** \_\_\_\_\_
  
7. **Received a suspension from school?**  Yes  No **If yes, please explain** \_\_\_\_\_
  
8. **Been asked to transfer?**  Yes  No **If yes, please explain** \_\_\_\_\_
  
9. **Been expelled from school?**  Yes  No **If yes, please explain** \_\_\_\_\_

I hereby give permission for \_\_\_\_\_'s information to be released from his/her school into the possession of Saint James School-NHRCES. (Child's Name)

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

Saint James School-NHRCES are unable to honor IEPs or 504 Plans. Such documents, as well as school psychological evaluations, discipline files, court involvement, educational evaluations and standardized test results must be shared with the school in order to complete application. Omissions may nullify acceptance. All students transferring from another school are on probation for 90 school days.

**No application will be considered complete until ALL FORMS AND PAYMENTS are submitted to the school office.**

## Saint James School ~ NHRCES

### HOME LANGUAGE SURVEY

The Office of Civil Rights (OCR) requires that school districts/charter schools/full day AVTS identify Limited English Proficient (LEP) students in order to provide appropriate language instructional programs for them. Pennsylvania has selected the Home Language Survey as the method for the identification.

School District: \_\_\_\_\_ Date: \_\_\_\_\_

School: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

1. What was the student's first language? \_\_\_\_\_

2. Does the student speak a language other than English?  Yes  No  
(Do not include languages learned in school.) If yes, please specify language: \_\_\_\_\_

3. What language(s) is/are spoken in your home? \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

The school district/charter school/full day AVTS has the responsibility under the federal law to serve students who are limited English proficient and need English instructional services. Given this responsibility, the school district/charter/full day AVTS has the right to ask for the information it needs to identify English Language Learners (ELLs). As part of the responsibility to locate and identify ELLs, the school district/charter school/full day AVTS may conduct screenings or ask for related information about students who are already enrolled in the district as well as from students who enroll in the school district/charter school/full day AVTS in the future.

### CERTIFICATE OF INDIVIDUAL REQUEST FOR LOAN OF TEXTBOOKS AND INSTRUCTIONAL MATERIALS

(This simply states your awareness that Pennsylvania tax monies are used in order to purchase textbooks.)

I hereby request the loan of textbooks and instructional materials in accordance with Pennsylvania Act 195 and Act 90 for my child(ren) attending Saint James School-NHRCES.

Student Names: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**CATHOLIC SCHOOL PARENTS  
MEMORANDUM OF UNDERSTANDING  
Saint James School - NHRCES**

As a parent/guardian of a student in a Catholic school, I understand, affirm, and support the following:

1. The primary purpose of a Catholic school education is to form students in the values of Jesus Christ and the teaching of the Catholic Church.
2. Catholic schools are distinctive religious education institutions operated as programs of the Catholic Church; they are not private schools but are administered and supported by the sponsoring parish(es), the diocese, or religious community.
3. Attending a Catholic school is a privilege, not a right.
4. While academic excellence and involvement in extracurricular activity (i.e., sports, clubs, etc.) are important, fidelity to the Catholic identity of the school is the fundamental priority.
5. The school and its administration have the responsibility to ensure that Catholic values and moral integrity permeate every facet of the school's life and activity.
6. In all questions involving faith, morals, faith teaching, and Church law, the final determination rests with the diocesan bishop.

As a parent/guardian desiring to enroll my child in a Catholic school, I accept this memorandum of understanding. I pledge support for the Catholic identity and mission of this school and by enrolling my child I commit myself to uphold all the principles and policies that govern a Catholic school.

Father:

Mother:

Guardian:

\_\_\_\_\_  
Printed

\_\_\_\_\_  
Printed

\_\_\_\_\_  
Printed

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Student's Name (Please Print)

\_\_\_\_\_  
School

Date: \_\_\_\_\_

**REGISTRATION FORM MUST BE ACCOMPANIED BY A SIGNED AND DATED MEMORANDUM OF UNDERSTANDING**

**Saint James School - NHRCES**  
201 Broad Street, Sewickley, PA 15143  
Office: 412-741-5540      Email: [mknobloch@saintjames-sewickley.org](mailto:mknobloch@saintjames-sewickley.org)

**REQUEST FOR SCHOOL AND HEALTH RECORDS**  
**(if transferring from another school)**

The following student has registered at Saint James School - NHRCES

NAME \_\_\_\_\_

GRADE \_\_\_\_\_

NAME AND ADDRESS OF SCHOOL THAT STUDENT HAS BEEN ATTENDING:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE FORWARD: HEALTH & DENTAL RECORDS, STANDARDIZED TEST RESULTS, GRADES, REPORTS, ETC.**

\_\_\_\_\_  
PARENT'S SIGNATURE

\_\_\_\_\_  
DATE

PLEASE SEND RECORDS TO:      Saint James School - NHRCES  
201 Broad Street  
Sewickley, PA 15143  
412-741-5540

**QUAKER VALLEY SCHOOL DISTRICT**  
**Health Services**

**MEDICAL EXAM NOTICE**

Dear Parent:

Pennsylvania School Health Regulations **require** medical examinations for school aged students. The Quaker Valley School District, as approved by the state, has designated K, 6th, and 11th grades as physical exam years. These grades were selected because they represent critical periods of growth and development in a child's life. Physical exams must also be given to new students who have enrolled from out of state and do not have a documented physical in their records.

We ask that you have this examination done by your family physician since he/she can best evaluate your child's health and assist you in obtaining any necessary treatments or corrections.

It is important that the school has a record of the status of your child's health to assist the nurse in planning for your child to achieve maximum benefits from his/her education. Please have your physician fill in the attached form and return it to the school nurse. If your child has had a physical examination within the past year, you only need to have your doctor fill in the form and return it to the school nurse. Another examination is not necessary. It is necessary that your physician complete this specific form. *An office clinical summary sheet does not meet this documentation requirement.*

**Please take the form with you. If you forget the form, there is typically an additional charge to have it completed at a different time.**

**Be sure that the physician attaches your child's current immunization dates to the form. It is required by state law that a child's immunizations are up to date in order to attend on the first day of school.**

If you have any questions regarding the required physical exam please contact me.

Sincerely,

Amanda Gilmore RN BSN CSN  
Certified School Nurse  
412-749-6006  
[gilmorea@qvsd.org](mailto:gilmorea@qvsd.org)

2/2018

# School Immunization Regulations

\* **2017-18 School Immunization Requirements** - *Please note: the State of Pennsylvania has changed immunization requirements for school entry starting August 2017. The PA Department of Health has more information about those changes here:*

*<http://www.health.pa.gov/My%20Health/Immunizations/Pages/2017---2018-School-Immunization-Requirements.aspx#>. ACHD is updating its regulations accordingly to comply with state law.*

*Key changes:*

- (1) An additional dose of meningococcal vaccine for 12th graders*
- (2) A fourth dose of the polio vaccine on or after a child's fourth birthday (a fourth dose is not necessary if the third dose was administered at age four years or older and at least six months after the previous dose)*
- (3) A shortened provisional enrollment period (from 8 months to 5 days)*
- (4) A requirement that students not fully vaccinated by the end of the provisional enrollment period submit a plan from their physician stating when they will be up to date with vaccines.*

## Immunizations Required For Students In Grades K-12

- ✓ 4 doses of **tetanus, diphtheria, and acellular pertussis** (1 dose must have been given on or after the 4th birthday)

**Note:** If series is started after 7 years of age, only 3 doses are required.

- ✓ ~~3 doses~~ 4 doses of **polio vaccine** (4th dose on or after 4th birthday and at least 6 months after previous dose given) *\*see above*

**Note:** If series is started after 7 years of age, only 3 doses are required.

- ✓ 2 doses of **measles, mumps, and rubella vaccine (MMR)**

- ✓ 3 doses of **hepatitis B vaccine**

- ✓ 2 doses of **varicella vaccine**, or written statement from physician/designee indicating month and year of disease or serologic proof of immunity

## Additional Immunizations Required For Students In Grades 7-12

- ✓ 1 dose of **tetanus/diphtheria/pertussis vaccine (Tdap)**

- ✓ ~~1 dose~~ 2 doses of **meningitis**, one for entry into 7th grade and a second for entry into 12th grade. *\*see above*



**Hartley Rose Building**  
425 First Avenue  
Pittsburgh, PA 15219  
**412.578.8062**  
**[www.achd.net](http://www.achd.net)**



# Vaccinations for Preteens and Teens, Age 11–19 Years

*Getting immunized is a lifelong, life-protecting job. Make sure you and your healthcare provider keep your immunizations up to date. Check to be sure you've had all the vaccinations you need.*

Vaccine	Do you need it?
<b>Chickenpox</b> (varicella; Var)	If you haven't been vaccinated and haven't had chickenpox, you need 2 doses of this vaccine. Anybody who was vaccinated with only 1 dose should get a second dose.
<b>Hepatitis A</b> (HepA)	You need 2 doses of hepatitis A vaccine if you would like to be protected from this disease or if you have a risk factor (such as international travel) for hepatitis A. Check with your healthcare provider to find out if you need this vaccine.
<b>Hepatitis B</b> (HepB)	This vaccine is recommended for all people age 0–18 years. You need a hepatitis B vaccine series if you have not already received it.
<b>Human papillomavirus</b> (HPV)	All preteens and teens age 11 and older need a series of doses of HPV vaccine. The vaccine protects against HPV, the most common cause of cervical cancer. It also protects against some other types of cancers, such as cancer of the anus, penis, and throat. HPV vaccine also protects against genital warts.
<b>Influenza</b> (Flu)	Everyone age 6 months and older needs annual influenza vaccination every fall or winter and for the rest of their lives.
<b>Measles, mumps, rubella</b> (MMR)	You need 2 doses of MMR vaccine if you have not already received them. MMR vaccine is usually given in childhood.
<b>Meningococcal</b> (MenACWY [MCV4], MenB)	All preteens and teens need 2 doses of MenACWY vaccine, the first at age 11–12 years and the second at age 16 years. Teens can also receive a MenB vaccine series at ages 16–18 years. If you are a first-year college student living in a residence hall, you need a dose of MenACWY if you never received it or received it when you were younger than 16. Check with your healthcare provider.
<b>Pneumococcal</b> (Pneumovax [polysaccharide vaccine, PPSV])	Do you have an ongoing health condition? If so, check with your healthcare provider to find out if you need one or both of the pneumococcal vaccines.
<b>Polio</b> (IPV)	You need a series of at least 3 doses of polio vaccine if you have not already received them. Polio vaccine is usually given in childhood.
<b>Tetanus, diphtheria, and whooping cough</b> (pertussis; Tdap)	All preteens and teens (and adults!) need a dose of Tdap vaccine, a vaccine that protects you from tetanus, diphtheria, and whooping cough (pertussis). After getting a dose of Tdap, you will need a tetanus-diphtheria (Td) shot every ten years. If you become pregnant, however, you will need another dose of Tdap during the pregnancy, preferably during the third trimester.

**Will you be traveling outside the United States?** Visit the Centers for Disease Control and Prevention's (CDC) website at [wwwnc.cdc.gov/travel/destinations/list](http://wwwnc.cdc.gov/travel/destinations/list) for travel information, or consult a travel clinic.