



Saint Joseph School

420 East Simpson Street
Mechanicsburg, PA 17055

Phone: (717) 766-2564
Fax: (717) 766-1226



NEW STUDENT REGISTRATION FORM

Student Name: _____ Gender: _____
(last name) (first name) (middle name) (M or F)

Home Address: _____
(street)

_____ (city) (state) (zip code)

Resident Public School District: _____

Cell Phone: _____ Work Phone: _____ Home Phone _____

Primary E-mail: _____ Secondary E-mail: _____

Place of Birth: _____ Date of Birth: _____

Is Student a U.S. Citizen? Yes No

Registering for: P3 AM P4 AM K Full Day

P3 PM P4 PM Grade

If you were referred by a current SJS family, please provide their name: _____

Are you active military (tuition discount applies)? Yes No

Name

Religion

Father		
Mother (first & maiden name)		
Guardian		

Occupation

Employer

Father		
Mother (first & maiden name)		
Guardian		

Relationship of guardian to student: _____

Siblings' names, ages, grades: _____

Student Registration Form (Continued)

CHILD'S SACRAMENTAL HISTORY

	Name of Parish	City, State	Date
Baptism			
First Penance			
First Eucharist			
Confirmation			

Current active member of which Parish: _____

CHILD'S EDUCATIONAL HISTORY

Previous School Attended: _____ Grade: _____

Address of School: _____

Reason for Leaving: _____

Dates Attended: _____

Was this student suspended or expelled at any time from the previous school? Yes No

If yes, please describe the incident(s) which led to the disciplinary action: _____

Current Grades Earned (please circle appropriate grade):

Math	A	B	C	D	F
Language Arts	A	B	C	D	F
Science	A	B	C	D	F
Social Studies	A	B	C	D	F

Special Education Needs/Support (if applicable):

<input type="checkbox"/> Reading	<input type="checkbox"/> Math	<input type="checkbox"/> Speech	<input type="checkbox"/> Gifted
<input type="checkbox"/> Psychological Evaluation	<input type="checkbox"/> Evaluation Report	<input type="checkbox"/> IEP	<input type="checkbox"/> OT/PT
<input type="checkbox"/> Counseling	<input type="checkbox"/> Early Intervention	<input type="checkbox"/> Other	

If other, please describe: _____

Custody Information (please check all that apply):

<input type="checkbox"/> Student resides with both parents	<input type="checkbox"/> Legal custody is with mother
<input type="checkbox"/> Student resides with mother	<input type="checkbox"/> Legal custody is with father
<input type="checkbox"/> Student resides with father	<input type="checkbox"/> Legal custody is with other _____
<input type="checkbox"/> Student resides with other _____	<input type="checkbox"/> Custody is presently being disputed
	<input type="checkbox"/> Court documentation provide

I verify that the information provided in this form is accurate to the best of my knowledge. I also agree to and understand that the decision to accept my child's registration can be rescinded if school records received after this date prove information stated here to be incorrect.

Parent/Guardian Signature: _____ Date: _____

SCHOOL HEALTH SERVICES FORM

Date of Registration: _____ Grade: _____ Homeroom: _____

Student Name: _____ Gender: _____
(last name) (first name) (middle name) (M or F)

Date of Birth: _____ Phone Number: _____

Home Address: _____
(street) (city) (state) (zip code)

Father's Name: _____
(last name) (first name) (middle initial)

Mother's Name: _____
(last name) (first name) (middle initial)

Insurance Company: _____

Check one: HMO PPO OTHER

Immunizations: Please see attached flyer of requirements for school attendance from the PA Dept. of Health and submit copy of current immunization record from your child's doctor.

HEALTH HISTORY

(Please complete thoroughly)

Has your child had any of the following (please specify):

❖ Asthma (state reaction and treatment): _____

❖ Allergies to insects, foods, drugs, etc. (state reaction and treatment): _____

❖ Overnight hospitalizations or operations: _____

❖ Emotional or behavioral problems (e.g., recent family problems, counseling, etc.): _____

❖ Serious or recurring illness e.g., heart disease, diabetes, epilepsy, seizures, orthopedic handicap, urinary problems, etc.): _____

❖ Hearing problems (e.g., reoccurring middle ear infections, myringotomie (tubes): _____

❖ Vision problems: _____

❖ Occupational therapy, physical therapy, or Early Intervention: _____

Describe any special care or restrictions to be noted by the nurse and teachers: _____

List any illness or health problem(s), (including dental) which you or your child's physician or dentist feels should be known by the school health services _____

Is your child presently under medical care (If yes, state reason): _____

List any medication and dosage your child is taking regularly _____

Parent/guardian signature: _____

Date: _____



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RECORDS RELEASE FORM

_____ has been admitted to grade _____

(Student's Name)

of Saint Joseph School. Please release the following records, as applicable:

- ❖ Regular School Records
- ❖ Health Records
- ❖ Psychological Records
- ❖ Disciplinary Reports
- ❖ Reports for other Educational Specialists:
 - Psychiatric Reports
 - Neurological Reports
 - Speech/Language Reports
 - Pediatric Reports
 - Educational Reports
- ❖ Information for Special Education Placements (including emotional support, gifted support, learning support, speech/language support):
 - Permission to Evaluate
 - Invitation to Participate in IEP Meeting
 - Current IEP
 - Current NOREP & Original Placement NOREP
 - Notice of Intent to Reevaluation

PARENTAL PERMISSION FOR RELEASE OF STUDENT RECORDS

I hereby give my permission for the release of the information requested above for my child,

_____ to Saint Joseph School, Mechanicsburg, PA.

(Student's Name)

Printed Name of Parent/Guardian

Relationship

Date

Signature of Parent/Guardian

Please send to: Saint Joseph School
Attn: Nancy Prechtl
420 East Simpson Street
Mechanicsburg, PA 17055

Or fax to: (717) 766-1226

Or e-mail to: nprechtl@sjsmch.org

CAIU

HOME LANGUAGE SURVEY

The Office of Civil Rights (OCR) requires that all Local Education Agencies (LEA's) 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 initial step in the identification process.

School District: _____ Date: _____

Student Name: _____ Grade: _____

1. What is/was the students first language? _____
2. Does the student speak a language(s) other than English? Yes No
(Do not include languages learned in school.)
If yes specify the language(s): _____
3. What language(s) is/are spoken in your home? _____
4. Has the student attended any United States school in any 3 years during his/her lifetime?
___ Yes ___ No

If yes, complete the following:

Name of School	State	Dates Attended
_____	_____	_____
_____	_____	_____
_____	_____	_____

Person completing this form (if other than parent/guardian): _____

Signature of Parent/Guardian

Student Media Release

Dear Parents and Guardians,

We at Saint Joseph School are proud of the many great accomplishments that happen inside and outside of our classrooms and we want to be able to share these great moments with you. By signing this release, you grant us permission to photograph and video your student and to use those photos and videos on our website, social media, print publications, and school marketing. Most photos and videos taken are in small or large groups and we do not publish students names to protect their privacy.

Signature of Parent/Guardian

Date

Student's Name	Grade/Class

State Laws Act 195/Act 90 Authorization Form

State Laws Act 195 and Act 90 authorize the loan of textbooks and instructional materials by the Secretary of Education of the Commonwealth to children enrolled in nonpublic schools. Our school is now in the process of requesting specific textbooks and instructional materials to be lent to your children. The laws require, however, that a parent of each child attending the nonpublic school individually requests a loan of the items. We are, therefore, enclosing the individual request form. Please sign the form, date it, and return this entire form to the school immediately.

Thank you for your assistance and cooperation.

Sincerely,
Rebecca Bamberger
Principal

TO: SECRETARY OF EDUCATION
COMMONWEALTH OF PENNSYLVANIA

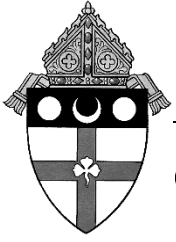
CERTIFICATE OF INDIVIDUAL REQUEST FOR LOAN OF TEXTBOOK/INSTRUCTIONAL MATERIALS

I hereby request the loan of textbooks/instructional materials in accordance with Pennsylvania Act 195/Act 90 for my child/children attending Saint Joseph School, Mechanicsburg, Pennsylvania.

(Date)

(Signature of Parent/Guardian)

N.B. Act 195/Act 90 applies to Pennsylvania residents attending school in Pennsylvania only.



DIOCESE OF HARRISBURG – SECRETARIAT FOR EDUCATION

4800 Union Deposit Road • Harrisburg • Pennsylvania 17111-3710
(717) 657-4804 • FAX (717) 657-3790 • www.hbgdiocese.org

CATHOLIC SCHOOL PARENTS MEMORANDUM OF UNDERSTANDING

As a parent/guardian of a student in a Catholic School I understand and affirm 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), and the diocese.
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: _____
Printed

Mother: _____
Printed

Signature

Signature

(Guardian): _____
Printed

Signature

Student's Name _____

School: _____

Date: _____

SCHOOL VACCINATION REQUIREMENTS FOR ATTENDANCE IN PENNSYLVANIA SCHOOLS

FOR ATTENDANCE IN ALL GRADES CHILDREN NEED THE FOLLOWING:



- 4 doses of tetanus, diphtheria, and acellular pertussis* (1 dose on or after the 4th birthday)
- 4 doses of polio (4th dose on or after 4th birthday and at least 6 months after previous dose given)**
- 2 doses of measles, mumps, rubella***
- 3 doses of hepatitis B
- 2 doses of varicella (chickenpox) or evidence of immunity

*Usually given as DTP or DTaP or if medically advisable, DT or Td

** A fourth dose is not necessary if the third dose was administered at age 4 years or older and at least 6 months after the previous dose

***Usually given as MMR



ON THE FIRST DAY OF SCHOOL, unless the child has a medical or religious/philosophical exemption, a child must have had at least one dose of the above vaccinations or risk exclusion.

• If a child does not have all the doses listed above, needs additional doses, and the next dose is medically appropriate, the child must receive that dose within the first five days of school or risk exclusion. If the next dose is not the final dose of the series, the child must also provide a medical plan (red and white card) within the first five days of school for obtaining the required immunizations or risk exclusion.

• If a child does not have all the doses listed above, needs additional doses, and the next dose is not medically appropriate, the child must provide a medical plan (red and white card) within the first five days of school for obtaining the required immunizations or risk exclusion.

• The medical plan must be followed or risk exclusion.

FOR ATTENDANCE IN 7TH GRADE:

- 1 dose of tetanus, diphtheria, acellular pertussis (Tdap) on the first day of 7th grade.
- 1 dose of meningococcal conjugate vaccine (MCV) on the first day of 7th grade.

ON THE FIRST DAY OF 7TH GRADE, unless the child has a medical or religious/philosophical exemption, a child must have had the above vaccines or risk exclusion.

FOR ATTENDANCE IN 12TH GRADE:

- 1 dose of MCV on the first day of 12th grade. If one dose was given at 16 years of age or older, that shall count as the twelfth grade dose.

ON THE FIRST DAY OF 12TH GRADE, unless the child has a medical or religious/philosophical exemption, a child must have had the above vaccines or risk exclusion.

The vaccines required for entrance, 7th grade and 12th grade continue to be required in each succeeding school year.

These requirements allow for the following exemptions: medical reason, religious belief, or philosophical/strong moral or ethical conviction. Even if your child is exempt from immunizations, he or she may be excluded from school during an outbreak of vaccine preventable disease.

Pennsylvania's school immunization requirements can be found in 28 Pa.CODE CH.23 (School Immunization). Contact your healthcare provider or call 1-877-PA-HEALTH for more information.