





# ARCHDIOCESE OF PHILADELPHIA-ELEMENTARY SCHOOL PERMANENT RECORD FORM

Notre Dame de Lourdes School

## PLEASE PRINT ALL INFORMATION NOTRE DAME DE LOURDES SCHOOL - REGISTRATION FORM

(Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Country of Birth) \_\_\_\_\_ (Date of Birth) \_\_\_\_\_ (Sex) \_\_\_\_\_

(Address) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_ (County of Residence) \_\_\_\_\_ (Phone No.) \_\_\_\_\_ (School District/ Residence)

SOCIAL SECURITY NUMBER \_\_\_\_\_ ARE YOU A REGISTERED MEMBER OF OUR LADY OF PEACE PARISH? N \_\_\_ Y \_\_\_

If no, please specify parish \_\_\_\_\_

### FAMILY BACKGROUND

	FULL NAME	ADDRESS (if different)	PHONE # (if different)	DECEASED (✓)	RELIGION	COUNTRY OF BIRTH
Father						
Mother (include maiden name)						
Guardian						

Relationship of guardian to student \_\_\_\_\_ Please circle one: Contributing Catholic      Non Catholic

Home situation (Check all that apply)       Two biological parents       One parent

Mother/stepfather       Parents separated or divorced  
 Father/stepmother       Other: Specify \_\_\_\_\_

Language spoken at home if not English \_\_\_\_\_

Parental rights (in case of separation or divorce)      Legal Custody:       Joint Custody       Sole Custody

(A copy of any court papers is requested for your child's file)      Physical Custody:       Joint Custody       Sole Custody  
 Mother       Father       Guardian

No Papers on File

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 Notre Dame de Lourdes School

**SACRAMENTAL INFORMATION**

(Any denomination)

	Date	Church	City	State, Zip
Baptism				
First Penance				
First Eucharist				
Confirmation				

Previous school attended \_\_\_\_\_

Has this student ever been in a Special Education Program      NO \_\_\_\_\_ YES \_\_\_\_\_

If yes, please name the program \_\_\_\_\_

Special Education Services were provided by \_\_\_\_\_

How did you hear of our school? (check all that apply)

My child currently attends \_\_\_\_\_ Neighbor/Relative \_\_\_\_\_ Church Bulletin \_\_\_\_\_ Newspaper Ad \_\_\_\_\_ Signage outside of school \_\_\_\_\_

Census Information – (Optional)	
American Indian	_____
Asian	_____
Multi-Racial	_____
Black/American	_____
Caucasian	_____
National Hawaiian	_____
Pacific Island	_____

Signature \_\_\_\_\_ Date \_\_\_\_\_

Only for new students, if your child is attending Notre Dame de Lourdes, you do not need to sign this.



## Notre Dame de Lourdes School

990 Fairlew Road • Swarthmore, Pennsylvania 19081

Dear Parent/Guardian:

State legislation authorizes the loan of textbooks, instructional materials, and equipment by the Secretary of Education to Pennsylvania children enrolled in kindergarten through grade 12 in nonpublic and private schools. Our school is now in the process of requesting specific textbooks, materials and equipment to be loaned to your child(ren). It is required, however, that a parent/guardian of each child attending the nonpublic or private school individually request a loan of textbooks, instructional materials and equipment. We are, therefore, enclosing the individual request form. Please sign the form, date it, and return it to the school immediately.

Thank you for your continued assistance and cooperation.

Very truly yours,

*Mrs. Susan Lowe*

Principal

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

I hereby request the loan of textbooks and instructional materials in accordance with the Pennsylvania School code of 1949 for my child(ren) attending \_\_\_\_\_ School.

Family Name \_\_\_\_\_  
(Please Print)

Date: \_\_\_\_\_ (Signed) \_\_\_\_\_  
(Parent or Guardian)

This program is available only to Pennsylvania residents.

(This form is to remain on file at the school.)



# Notre Dame de Lourdes School

990 Fairview Road • Swarthmore, Pennsylvania 19081

## Agreement for Admission

Family Name \_\_\_\_\_  
PLEASE PRINT

It is our (my) wish that our (my) child (children) attend **Notre Dame de Lourdes School**. We (I) understand that our (my) child (children) is (are) obligated to attend classes in Religion and fulfill the requirements for this subject; also, to attend all religious functions offered as part of the school program.

We (I) assume the obligation to pay the specified tuition and school fees and agree to support the philosophy, goals, objectives, and regulations of the school.

Mother's Signature \_\_\_\_\_ DATE \_\_\_\_\_

Father's Signature \_\_\_\_\_ DATE \_\_\_\_\_



# RIDLEY SCHOOL DISTRICT

HEALTH SERVICES DEPARTMENT  
901 MORTON AVENUE,  
FOLSOM, PENNSYLVANIA 19033  
(610) 534-1900 EXT. 1255  
(610) 534-2335 FAX

## HEALTH HISTORY PERMISSION FORM (INITIAL HISTORY)

STUDENT NAME \_\_\_\_\_ GRADE \_\_\_\_\_ DATE \_\_\_\_\_

### THE NATURE OF THIS HEALTH HISTORY

I understand that the information I give to the School Nurse is important for the school staff to know and that it will help them to promote the health and education of my child. I understand that the information will be kept confidential by the school Health Staff, and will be shared with other professionals in the school only when the School Nurse/Nurse Practitioner/School Physician believes that it is in the best interest of my child's health and education.

Copies of this health history will be sent to other agencies that request it only with my written permission.

Signature of Parent/Guardian \_\_\_\_\_ DATE \_\_\_\_\_

Name of Parent/Guardian (printed) \_\_\_\_\_

### EXPLANATION OF HEALTH SERVICES

The following health services are provided to every student in the Ridley School District in compliance with Pennsylvania State Law:

Every year every student:	Height, weight, vision screening, BMI
K, 1, 2,3, 7 and 11th Grade:	Hearing screening
K, 1, 3, and 7th Grade:	Dental-by school/family dentist
K or 1, 6, and 11th Grade	Physical-by school/family doctor
6th and 7th Grade:	Scoliosis screening

I understand the above screening and examination results will become a part of my child's permanent health record.

Signature of Parent/Guardian \_\_\_\_\_ DATE \_\_\_\_\_

*It is the mission of the Ridley School District to create a caring environment that gives all students the opportunity to achieve their fullest personal and academic potential in order to become productive and responsible citizens.*



**PRIVATE PHYSICIAN'S REPORT OF  
PHYSICAL EXAMINATION OF A PUPIL OF SCHOOL AGE**

DATE \_\_\_\_\_ 20\_\_\_\_\_

NAME OF SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_ HOMEROOM \_\_\_\_\_

NAME OF CHILD			DATE OF BIRTH	SEX
Last	First	Middle		<input type="checkbox"/> M <input type="checkbox"/> F

ADDRESS

No. and Street	City or Post Office	Borough or Township	County	State	Zip Code
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**MEDICAL HISTORY  
IMMUNIZATIONS AND TESTS**

VACCINE	Enter Month, Day, and Year each immunization was given					BOOSTERS & DATES
	DOSES					
Diphtheria and Tetanus (Circle): DTaP, DTP, DT, TD	1 / /	2 / /	3 / /	4 / /	5 / /	
Polio (Circle): OPV, IPV	1 / /	2 / /	3 / /	4 / /	5 / /	
Measles, Mumps, Rubella	1 / /	2 / /				
Hepatitis B	1 / /		2 / /		3 / /	
HIB	1 / /		2 / /		3 / /	
Varicella	1 / /		2 / /		Varicella Disease or Lab Evidence Date: _____	
Other: _____						

- MEDICAL EXEMPTION** The physical condition of the above named child is such that immunization would endanger life or health
- RELIGIOUS EXEMPTION** (Includes a strong moral or ethical conviction similar to a religious belief and requires a written statement from the parent/guardian)

**If Applicable:**

Tuberculin Tests Date Applied	Arm	Device	Antigen	Manufacturer	Signature
Date Read	Results (mm)		Signature		

Follow-Up of significant tuberculin tests:  
Parent/Guardian notified of significant findings on \_\_\_\_\_.

Result of Diagnostic Studies: \_\_\_\_\_  
Preventive Anti-Tuberculosis – Chemotherapy ordered.  No  Yes \_\_\_\_\_ Date

**Significant Medical Conditions (√)**

If Yes, Explain

	Yes	No	
Allergies .....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Asthma .....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cardiac .....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Chemical Dependency .....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Drugs .....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Alcohol .....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Diabetes Mellitus .....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Gastrointestinal Disorder .....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hearing Disorder .....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hypertension .....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Neuromuscular Disorder .....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Orthopedic Condition .....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Respiratory Illness .....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Seizure Disorder .....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Skin Disorder .....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Vision Disorder .....	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other (Specify) .....	<input type="checkbox"/>	<input type="checkbox"/>	_____

Are there any special medical problems or chronic diseases which require restriction of activity, medication or which might affect his/her education? If so, specify \_\_\_\_\_

**Report of Physical Examination (√)**

	Normal	Abnormal	Not Examined	Comments
▪ Height (inches)				
▪ Weight (pounds) BMI				
▪ Pulse ( )				
▪ Blood Pressure				
▪ Hair/Scalp				
▪ Skin				
▪ Eyes/Vision				
▪ Ears/Hearing				
▪ Nose and Throat				
▪ Teeth and Gingiva				
▪ Lymph Glands				
▪ Heart – Murmur, etc				
▪ Lung – Adventitious Finding				
▪ Abdomen				
▪ Genitourinary				
▪ Neuromuscular System				
▪ Extremities				
▪ Spine (Presence of Scoliosis)				

\_\_\_\_\_  
Date of Examination

\_\_\_\_\_  
Signature of Examiner

\_\_\_\_\_  
PRINT Name of Examiner

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number

# RIDLEY SCHOOL DISTRICT

HEALTH SERVICES DEPARTMENT  
901 MORTON AVENUE  
FOLSOM, PENNSYLVANIA 19033  
(610) 534-1900 EXT. 1255  
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## DENTAL EXAMINATION

The Pennsylvania School Health Law requires dental examinations for children—one upon entrance into school, one in third grade, and one in seventh grade. These grades were selected because they represent critical periods of growth and development in a child's life. We recommend you take your child to your private dentist before Jan. 1 and return the following form to the school nurse. If the school nurse or dental hygienist in the building where your child attends school has not received the completed form by Jan. 1<sup>st</sup>, the school dentist or dental hygienist will schedule your child for a dental examination.

Your interest and cooperation is appreciated.

\_\_\_\_\_  
School Nurse Telephone e-mail

## FAMILY DENTIST REPORT

School District: Ridley County: Delaware  
Name of child: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Sex: M or F  
(last name) (first name) (month - day - year)  
Home Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

The above named child last visited my office on \_\_\_\_\_  
(month - day - year)

At that time, all necessary dental corrections had been made. Yes No

If the answer is No, complete the following:

This child is in need of treatment for one or more of the following:

Primary Teeth \_\_\_\_\_ Filings \_\_\_\_\_ Extractions \_\_\_\_\_  
Permanent Teeth \_\_\_\_\_ Filings \_\_\_\_\_ Extractions \_\_\_\_\_  
Cleft Palate and/or Cleft Lip \_\_\_\_\_  
Other Congenital Malformations \_\_\_\_\_  
Diseases of the supporting tissues \_\_\_\_\_  
Prosthetic Replacements for Lost or Missing Teeth \_\_\_\_\_  
Gross Malocclusion, which is producing a facial deformity or is interfering with function \_\_\_\_\_

This child is currently under treatment: (circle) Yes No

Signature of dentist \_\_\_\_\_ D.D.S. Date \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

Student's grade \_\_\_\_\_ Homeroom teacher \_\_\_\_\_

*It is the mission of the Ridley School District to create a caring environment that gives all students the opportunity to achieve their fullest personal and academic potential in order to become productive and responsible citizens.*

QuickTime™ and a  
Flash® - GIF decompressor  
are needed to see this picture.