



Notre Dame de Lourdes School

990 Fairview Road • Swarthmore, Pennsylvania 19081

Registration Checklist

Student's Name: _____

Grade: _____ School Year: _____

- _____ Contract
- _____ Registration Form
- _____ Loan of Textbooks Form
- _____ Agreement for Admission (All Non-Catholic students)
- _____ Health History Form
- _____ Health Permission Form
- _____ Physical Form (All new students K-8)
- _____ Dental Form (All new students K-8)
- _____ Early Childhood Form (Pre K and Kindergarten)
- _____ Copy of Immunizations (All new students Pre-K-8)
- _____ Copy of Birth Certificate
- _____ Copy of Social Security Card
- _____ Copy of Baptismal Certificate

.....
Office use only

_____ Registration Fee Paid Date _____

Check # _____ Cash _____

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

No Papers on File

ARCHDIOCESE OF PHILADELPHIA-ELEMENTARY SCHOOL PERMANENT RECORD FORM
 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 _____



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Dear Parent/Guardian:

State legislation authorizes the loan of textbooks, instructional material 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 non public 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 school immediately.

Thank you for your continued assistance and cooperation.

Very truly yours,

Mrs. Susan B. Lowe
Principal

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 Notre Dame de Lourdes School.

Student Name _____
(Please Print)

Date: _____ (Signed) _____
Parent/Guardian Signature

This program is available only to Pennsylvania residents.
(This form is to remain on file at the school.)



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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

Child's Name _____ Date of Birth _____

Street Address _____ Home Phone (Area Code) _____

City, State, Zip _____

Father's Name _____ Work Phone (Area Code) _____
Cell phone (Area Code) _____
E-mail address _____

Mother's Full Maiden Name _____ Work Phone (Area Code) _____
Cell phone (Area Code) _____
e-mail address: _____

Do parents live together? Yes or No _____

Adults with whom child lives (if other than parents): _____

Were there any significant pre-natal or birth factors such as RH factor, pre-maturity? Yes or No
If yes, indicate the factor(s) _____

Does Your Child Have:	Please Circle	Has Your Child Had:	Please Circle
Frequent colds	yes no	A blood transfusion	yes no
Frequent sore throats	yes no	Tonsillectomy/Adenoidectomy	yes no
Diabetes	yes no	Head injury (unconscious)	yes no
Asthma	yes no	Convulsions/seizures	yes no
Speech problem	yes no	Chicken Pox	yes no
Earaches	yes no	Scarlet Fever	yes no
Frequent nightmares	yes no	Tuberculosis (self/family)	yes no
Vision loss	yes no	Rheumatic Fever	yes no
Hearing loss	yes no	Pneumonia	yes no
Poor eating habits	yes no	Hepatitis	yes no
Emotional problems	yes no	Heart problem	yes no
Enuresis (bedwetting)	yes no	Epilepsy or other seizure disorder	yes no
Difficulty sleeping	yes no		
Allergies (list)	yes no		

Developmental Patterns:

Did your child crawl? yes no Is your child presently under medical treatment? yes no

Is your child on medication? yes no If yes, indicate the reason _____

Does your child stumble, fall or bump into things frequently? yes no Is your child easily understood by others? yes no

Age child talked (words) ___ yrs. ___ months Age child spoke (sentences) ___ yrs. ___ months

Age child walked ___ yrs. ___ months

Please comment below on any "yes" answers from above. Also list hospitalizations, surgeries, serious accidents, or other illnesses or conditions, which you feel that the school should know. All information will remain confidential except in cases where the classroom teacher would need to know about a student's medical condition for the benefit of the student

Parent Signature _____ Parent name (printed) _____ Date _____

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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
_____	_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F
Last	First	Middle		

ADDRESS

_____	_____	_____	_____	_____	_____
No. and Street	City or Post Office	Borough or Township	County	State	Zip Code

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

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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. 1st, 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 _____

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Quintiles™ and a Photo-ITC™ scanner are needed to see this picture.

Early Childhood Information Sheet

Pre K & Kindergarten

Child's Name _____

Date of Birth _____ Home Phone # _____

Address _____

Parent's Name _____

1. Has your child attended a Nursery School prior to Notre Dame?
If so, please name _____
2. Has your child attended a Library Story Hour? _____
3. Is a language other than English spoken at home? _____
4. Does your child have playmates his/her own age? _____
5. Does your child have a hobby or some special interest? _____
6. Does your child have any physical problems that we should be aware of?
For example, an allergy, hearing, speech or vision problem?

7. Does your child have any fears we should be aware of? _____

8. Does your child have an older brother or sister at this school? _____
If yes, please list the names and grades of the siblings...

9. Do you have an occupation, hobby or pastime that you would be willing to share with our children? _____

10. Please list additional comments or information about your child that you think might be helpful.

