

ST. STEPHEN SCHOOL
Registration Packet – School Year 2017 - 2018

RETURNING STUDENT

Registration Fee _____

Tuition Agreement _____

Bus Transportation _____
(Return this form to St. Stephen School)

* Physical Exam Form _____
(Grades 2, 4, and 7 only)

FACTS Tuition Form _____
(May be completed online at www.ststephensgi.org)

Please make sure you fill in **ALL** information and return information to the school office.

* New York State Law requires that new students, children in Pre-Kindergarten, Kindergarten and Grades 2, 4, and 7 have a physical examination.

ST. STEPHEN SCHOOL REGISTRATION
2017 - 2018

RETURNING STUDENT

GRADE: _____

For 2017 - 2018 school year.

Student Legal Name: _____
Last First Middle Suffix

 **PLEASE COMPLETE BELOW ONLY IF
INFORMATION HAS CHANGED**

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: _____

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: _____

Name: _____ Relationship to Student: _____

Address: _____ Telephone #: _____

Business Phone: _____ Cell Phone: _____



COMPLETE BELOW ONLY IF DIFFERENT FROM PREVIOUS YEAR

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 2, 4, 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.

Grand Island Central School District
Transportation Center
2451 Baseline Road
Grand Island, New York 14072-1667
Telephone (716) 773-8890

Theresa Alizadeh
Supervisor for Transportation

Dr. Brian Graham
Superintendent of Schools

TRANSPORTATION OF STUDENTS TO NON PUBLIC SCHOOLS

In accordance with New York State Education Law Section 3635, parents or legal guardians residing on Grand Island desiring to have their child transported to a non public school, must for each child, each year, submit a written request for such transportation by April 1, preceding the next school year. In order to be eligible for transportation, the maximum distance from the students home to the requested non public school shall not exceed 15 miles. If the District is providing transportation for eligible students to a non public school, transportation may be provided from a central pick up point to the non public school for those students who live beyond the 15 mile maximum limit. In addition, to be eligible for transportation, a student must be 5 years old by December 1. To verify the age of a kindergarten student, their original birth certificate must be submitted along with the written request.

Written requests for transportation to non public schools for the 2017 - 2018 school year must be received at the Transportation Center, 2451 Baseline, Grand Island, New York, 14072-1667 on or before April 1, 2017. New residents, after April 1, must submit a written request within thirty (30) days after establishing their residency in the district.

TRANSPORTATION WHEN THE PUBLIC SCHOOL IS NOT IN SESSION

Transportation will not be provided to any school when Grand Island public schools are closed due to weather conditions. Nor, will transportation be provided to any school that is located within the boundary of a public school that is closed due to weather conditions. Transportation **will not** be provided when Grand Island public schools, as listed in the school calendar, are not in session. Transportation during the school year **will** be provided when Grand Island public schools are in session for staff development or Superintendents Days.

OFF ISLAND SCHOOL BUS PICK UP AND DROP OFF INFORMATION

Parents will be notified in late August of their child's AM bus stop information. Off Island buses start picking up at 6:45 AM and exchange at 7:15 AM at the Transportation Center. PM bus stops may vary from the AM stop. PM drop off times take a minimum of two weeks to be established. Early dismissals and the number of students riding on the bus will also affect PM drop off times. Parents of younger students requiring further bus stop/time/location information are to contact the Transportation Center.

Name of Student: _____ Date: _____

Address of Student: _____

Date of Birth: _____

School: **ST. STEPHEN SCHOOL** Grade in Sept. _____

School Address: **2080 Baseline Road, Grand Island, NY 14072**

School Hours: **8:45 am until 3:10 pm** School Phone: **773-4347**

Parents Name: _____ Home Phone: _____

Emergency Phone: _____ Parent's Signature: _____

~ St. Stephen School ~
School Messenger

2017 - 2018 School Year

Returning Families: Please complete below *only if number* has changed since original information was sent to school.

New Families: Please complete and return to School if you have not done so yet.

Family Name: _____

Please list Children:

_____	Grade: _____
_____	Grade: _____
_____	Grade: _____
_____	Grade: _____

Primary Number: (_____) _____ - _____

Secondary Number: (_____) _____ - _____

(_____) _____ - _____

(_____) _____ - _____

(_____) _____ - _____

These numbers will be used when St. Stephen School needs to contact you by phone via a whole school message blast. **** Please print clearly ****

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.

2017 – 2018

ST. STEPHEN SCHOOL
Request for Pesticide Application Notification

FAMILY NAME: _____

Day Phone: _____

Evening Phone: _____

E-Mail Address: _____

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

St. Stephen School

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IMPORTANT INFORMATION FOR STUDENTS ENTERING 6TH GRADE IN SEPTEMBER 2017

January 2017

Please be aware that by New York State Department of Health regulations, your child must meet the following immunization guidelines in order attend 6th grade:

Tdap immunization:

- Students who are entering 6th grade or a comparable age-level special education school or program and who are 11 years of age or older, must receive an immunization containing tetanus toxoids, diphtheria, and acellular pertussis (Tdap).

If your child will be 11 years old when entering 6th grade in September 2017, **you must submit written proof of them having had the Tdap prior to the first day of school, or by law, they will be excluded from school. There will be no exceptions.**

Those students that turn 11 years old after the first day of school will have a 2 week grace period after their birthday to receive the required vaccination. If written documentation of having had the Tdap is not received, or an appointment has not been made within those 2 weeks, your child will be excluded from school, as per New York State Department of Health regulations.

Please make every effort to ensure that your child is properly immunized and has submitted the written documentation prior to the first day of school in September. Any questions or concerns, please do not hesitate to contact me.

Thank your for your cooperation and attention to this matter.

Cynthia Sharpe, RN
St Stephen Health Services
716.773.8827

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

St. Stephen School

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January 2017

Dear Parent or Guardian:

New York State Education Department guidelines **require physical examinations for all new students, and all students in Pre-Kindergarten, Kindergarten and grades 2, 4, and 7.** The physical examination needs to have been completed within 12 months of the first day of school in September. This physical examination will need to include BMI and weight status category, as reported by your healthcare provider. ***A copy of your child's immunization record must accompany the physical exam and is required for our records.***

A law was enacted that expands health screenings to include the dental health of students in New York State. You are requested to furnish a dental health certificate from your dentist. Once it is completed, it should be returned to the school's main office and will be filed in your child's Cumulative Health Record.

The ***physical examination is required by law***, while the dental health certificate is a request (optional). Attached you will find both forms that need to be completed for your child. Please have your healthcare provider and dentist, complete both forms and ***return them to the main office prior to the start of school in September.***

Sincerely,

Cynthia Sharpe, RN
St Stephen Health Services
716.773.8827

ST STEPHEN SCHOOL

HEALTH CERTIFICATE / APPRAISAL FORM

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: _____	Vision - without glasses/contact lenses	R	L	<i>Referral</i>
Weight Status Category (BMI Percentile):	Vision - with glasses/contact lenses	R	L	
<input type="checkbox"/> less than 5 th <input type="checkbox"/> 5 th through 49 th <input type="checkbox"/> 50 th through 84 th	Vision - Near Point	R	L	
<input type="checkbox"/> 85 th through 94 th <input type="checkbox"/> 95 th through 98 th <input type="checkbox"/> 99 th and higher	Hearing <input type="checkbox"/> Pass 20 db sc both ears or:	R	L	

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: _____

Dental Health Certificate- Optional

Parent/Guardian: New York State law (Chapter 281) permits schools to request a dental examination in the following grades: school entry, K, 2, 4, 7, & 10. Your child may have a dental check-up during this school year to assess his/her fitness to attend school. Please complete Section 1 and take the form to your dentist for an assessment. If your child had a dental check-up before he/she started the school, ask your dentist to fill out Section 2. Return the completed form to the school's medical director or school nurse as soon as possible.

Section 1. To be completed by Parent or Guardian (Please Print)

Child's Name: _____		
Last	First	Middle
Birth Date: / /	Sex: <input type="checkbox"/> Male	Will this be your child's first visit to a dentist? <input type="checkbox"/> Yes <input type="checkbox"/> No
Month Day Year	<input type="checkbox"/> Female	
School: Name _____	Grade _____	

Have you noticed any problem in the mouth that interferes with your child's ability to chew, speak or focus on school activities? Yes No

I understand that by signing this form I am consenting for the child named above to receive a basic oral health assessment. I understand this assessment is only a limited means of evaluation to assess the student's dental health, and I would need to secure the services of a dentist in order for my child to receive a complete dental examination with x-rays if necessary to maintain good oral health.

I also understand that receiving this preliminary oral health assessment does not establish any new, ongoing or continuing doctor-patient relationship. Further, I will not hold the dentist or those performing this assessment responsible for the consequences or results should I choose NOT to follow the recommendations listed below.

Parent's Signature _____ Date _____

Section 2. To be completed by the Dentist

I. The Dental Health condition of _____ on _____ (date of exam) The date of the exam needs to be within 12 months of the start of the school year in which it is requested. Check one:

Yes, The student listed above is in fit condition of dental health to permit his/her attendance at the public schools.

No, The student listed above is not in fit condition of dental health to permit his/her attendance at the public schools.

NOTE: Not in fit condition of dental health means that a condition exists that interferes with a student's ability to chew, speak or focus on school activities including pain, swelling or infection related to clinical evidence of open cavities. The designation of not in fit condition of dental health to permit attendance at the public school does not preclude the student from attending school.

Dentist's name and address (please print or stamp) _____ Dentist's Signature _____

Optional Sections - If you agree to release this information to your child's school, please initial here.

II. Oral Health Status (check all that apply).

- Yes No **Caries Experience/Restoration History** – Has the child ever had a cavity (treated or untreated)? [A filling (temporary/permanent) OR a tooth that is missing because it was extracted as a result of caries OR an open cavity].
- Yes No **Untreated Caries** – Does this child have an open cavity? [At least ½ mm of tooth structure loss at the enamel surface. Brown to dark-brown coloration of the walls of the lesion. These criteria apply to pits and fissure cavitated lesions as well as those on smooth tooth surfaces. If retained root, assume that the whole tooth was destroyed by caries. Broken or chipped teeth, plus teeth with temporary fillings, are considered sound unless a cavitated lesion is also present].
- Yes No **Dental Sealants Present**

Other problems (Specify): _____

III. Treatment Needs (check all that apply)

- No obvious problem. Routine dental care is recommended. Visit your dentist regularly.
- May need dental care. Please schedule an appointment with your dentist as soon as possible for an evaluation.
- Immediate dental care is required. Please schedule an appointment immediately with your dentist to avoid problems.

St. Stephen School ~ Grand Island CSD
School Health Services

2017 - 2018

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

Continued on back →→→→

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.