St. Mary School

16 HARRISON AVE., EAST ISLIP,
NEW YORK 11730
(631) 581-3423

www.saintmaryschoolei.org/school

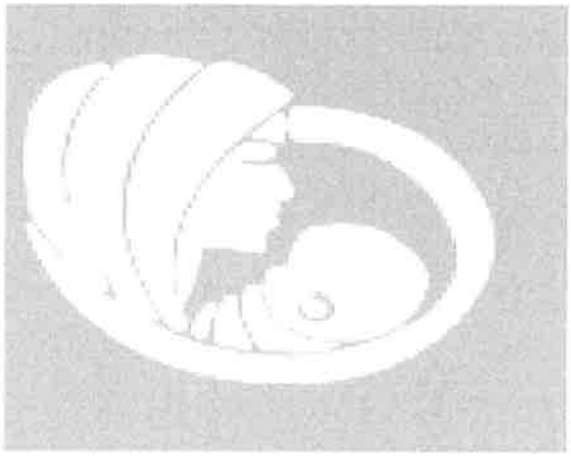
Welcome! Enclosed please find a Saint Mary School application for your new entrant. Please complete and return it to the school with copies of registrant's birth certificate, baptismal certificate, record of immunizations and a current report card if in grades K-8. A physical will also be required for all new students before the start of the school year.

Students in Grades K – 8 must also request transportation and textbooks from their District of Residence by April 1st. Please contact your District of Residence regarding process and requirements.

A non-refundable registration fee of $150 must also accompany the application. Please contact Mrs. Sloane at (631) 581-3423 X142 if you have any questions.

Thank you

Student's Name: _____
Grade Entering: _____
Session: _____
(Nursery & Pre-K)



St. Mary School

16 Harrison Avenue
East Islip, NY 11730
(631) 581-3423
www.saintmaryschoolei.org

"Building Faith and Minds for the Future"

Accredited by AdvancED®, North Central Association

Application for Registration
2021-2022 School Year

For Office Use Only:

Date Registration Received:_____

Student's Name:_____

Amount:_____

Check #:_____

Cash:_____

Birth Certificate:_____ **Baptism Certificate:**_____

Immunization:_____

Physical Form:_____

Legal Documents (Custodial, if applicable)_____

Please **print** all information. Application cannot be processed if incomplete.

Today's Date:_____ Entering Grade:_____

Personal Information: Student

Name: _____
(Last) (First) (Middle)

Age: _____ Date of Birth: _____ Male: _____ Female: _____

Place of Birth: (City) _____ (State)_____ (Country)_____

Child's Address: _____
(Street) (City) (State) (Zip)

Home Phone#: _____

School District: _____ Language spoken at Home:_____

Ethnicity: Is the student Hispanic or Latino? *Please check one* *Yes* _____ *No* _____

Race: **What is the student's race?** *Please check off **all** that apply:* American Indian _____ Asian _____
Black or African American ____ Native Hawaiian /Other Pacific Islander ____ White _____

Religion: _____ Child's Parish: _____

	Church's Name:	**Location:**	**Date:**
Baptismal:			
First Penance:			
First Communion:			
Confirmation:			

Parental Background Information:

Mother's Name: _____ Father's Name: _____

Mother's Maiden Last Name: _____

Mother's Date of Birth: _____ Father's Date of Birth: _____

Address (if different than above): _____ Address (if different than above): _____

Mother's Employer: _____ Father's Employer: _____

Occupation: _____ Occupation: _____

Work / Day Phone #: _____ Work / Day Phone #: _____

Cell #: _____ Cell #: _____

Email Address: _____ Email Address: _____

Birthplace: _____ Birthplace: _____
(City) (State) (City) (State)

Religion: _____ Religion: _____

Child lives with: Parents_____ Father_____ Mother_____ Aunt/Uncle_____ Grandparent(s)___ Guardian_____

Who has legal custody of child? _____

Guardians only please complete the following information:

Guardian Name: _____ Relationship to child: _____

Guardian's Date of Birth: _____ Guardian's Occupation: _____

Guardian's Home #: _____ Guardian's Religion: _____

Business Phone #: _____ Cell #: _____

Family Information:

Please list name and birthdates of all brothers and sisters (oldest first):

Name: _____ Date of birth: _____ Grade: _____

Name: _____ Date of birth: _____ Grade: _____

Name: _____ Date of birth: _____ Grade: _____

Name: _____ Date of birth: _____ Grade: _____

Current School/Child Information:

Name of present school attending: _____

School address: _____

Present Grade: _____ Years attended: _____ School Phone #: _____

Awards of Recognition: _____

Services child received (please check off **all** that applies):

Remedial Reading: _____
Remedial Math: _____
Remedial Writing: _____
504 Plan: _____
Child has an IEP: _____
Resource Room: _____
Inclusion/Self-Contained: _____
Speech: _____
Occupational Therapy: _____

Please list any medications that your child will require during the day or on school trips:

_____

Other pertinent information about your child: _____

_____

_____

_____

_____

School family who recommended you: _____

Tuition Assistance granted through Tomorrow's Hope Foundation – Please ask for application.

It is the policy of St. Mary School that the Registration Fee and Tuition are non-refundable.

Signature: _____

St. Mary School admits students of any and all races and affords all students, regardless of race, all rights, privileges, and opportunities to participate in all programs and activities generally afforded and made available to students at the School. The School does not discriminate on the basis of race in the administration of its education policies, scholarship programs, and athletic and other School administered programs.

REGISTRATION AGREEMENT 2021-2022 SCHOOL YEAR

An application/testing fee of $150.00 must accompany this application.

This fee is non-refundable. Please make check payable to St. Mary School.

By registering your child for grades **Nursery and Pre-Kindergarten** at St. Mary School, you agree to the following:

1. For families who have children in grades Nursery and Pre-Kindergarten, you will be responsible to sell one raffle ticket at $100.00 per ticket for our Yearly Raffle. Should you choose not to sell the ticket, your tuition rate is increased $100 for the year. Raffle money and ticket information must be in school office by the designated date.

2. I agree to adhere to all the Tuition and Fee Requirements for the school year 2021-2022. I understand that the Registration Fee and Tuition are not refundable.

By registering your child for grades **Kindergarten through Grade Eight** at St. Mary School you agree to the following:

1. To sell one raffle ticket at $100.00 per ticket for our Yearly Raffle. Should you choose not to sell the ticket, your tuition rate is increased $100 for the year. Raffle money and ticket information must be in school office by the designated date.

2. I agree to adhere to the School Uniform Requirements as described in the School Handbook.

3. I agree to adhere to all the Tuition and Fee Requirements for the school year 2021-2022. I understand that the Registration Fee and Tuition are not refundable.

_____

Parent/Guardian Signature

_____

Date

St. Mary School
16 Harrison Avenue
East Islip, NY 11730
(631) 581-3423

TO: _____ DATE: _____
(School)

_____
(Street)

_____
(City) (State) (Zip)

Please note: This form will not be sent to your present school until June.

Dear Principal,

_____ has applied for admission to St. Mary Elementary School for September 2021. In order to assist us in ascertaining whether we can meet the academic needs of the above, would you please complete the following:

The above named student:

a) **Is capable of average academic achievement**_____
b) **Has received psycho-education evaluation**_____
c) **Is learning disabled**_____
d) **Experiences emotional problems**_____
e) **Is disruptive**_____
f) **Has been recommended for retention in the present grade**_____

Indicate any special academic programs the child has been involved in, or recommended for:

_____

Please send all records on the above student, including:
Health Records – Academic records with test results – Psychological records and/or tests.

Many thanks for your cooperation in this joint educational effort. Please send your responses as soon as possible to:

Mrs. Laura McMahon, Principal
St. Mary School
16 Harrison Avenue
East Islip, NY 11730

Sincerely,

_____ _____
Principal's Signature Parent/Guardian Signature

Please complete this form and return to school

EVERYONE MUST RETURN THIS FORM

Family Name: _____

Student/Students Name **Grade in September** (If Nursery or Pre-Kindergarten please list 5 full days or 3 full days Tues., Wed., Thurs.)

_____ _____

_____ _____

_____ _____

Address: _____

_____

Home Phone: _____

Cell Phone: _____

Email_____

Parish Supporting Family (yes/no): _____

If yes, Parish Name: _____

Non Parish Supporting Family (yes/no): _____

1. I wish to make my Tuition Payment with SMART TUITION as follows:
   PAYMENTS WILL BE AUTO DEBIT THROUGH YOUR CHECKING, SAVINGS ACCOUNT or CREDIT CARD
   Online enrollment: www.enrollwithsmart.com
   School I.D. 10665
   ___ **Debit to my Credit Card Account**

   ___ Debit to my Checking Account
   ___ Debit to my Savings Account
   ___ Please roll over my account information for the 2021-2022 school year

2. I wish to make my Tuition Payment Option as follows:
   Pay School Directly
   ____ One payment for the school year-(Discount 2%) **Due July 7, 2021**

   ____ Two payments for the school year-(Discount 1%) **Due July 7, 2021 & December 2, 2021**

REQUIRED NYS SCHOOL HEALTH EXAMINATION FORM
TO BE COMPLETED IN ENTIRETY BY PRIVATE HEALTH CARE PROVIDER OR SCHOOL MEDICAL DIRECTOR

Note: NYSED requires a physical exam for new entrants and students in Grades Pre-K or K, 1, 3, 5, 7, 9 & 11; annually for interscholastic sports; and working papers as needed; or as required by the Committee on Special Education (CSE) or Committee on Pre-School Special education (CPSE).

STUDENT INFORMATION

Name:	Sex: ☐ M ☐ F	DOB:
School:	Grade:	Exam Date:

HEALTH HISTORY

Allergies ☐ No
☐ Yes, indicate type
☐ Medication/Treatment Order Attached ☐ Anaphylaxis Care Plan Attached
☐ Food ☐ Insects ☐ Latex ☐ Medication ☐ Environmental

Asthma ☐ No
☐ Yes, indicate type
☐ Medication/Treatment Order Attached ☐ Asthma Care Plan Attached
☐ Intermittent ☐ Persistent ☐ Other : _____

Seizures ☐ No
☐ Yes, indicate type
☐ Medication/Treatment Order Attached ☐ Seizure Care Plan Attached
☐ Type: _____ Date of last seizure: _____

Diabetes ☐ No
☐ Yes, indicate type
☐ Medication/Treatment Order Attached ☐ Diabetes Medical Mgmt. Plan Attached
☐ Type 1 ☐ Type 2 ☐ HbA1c results: _____ Date Drawn: _____

Risk Factors for Diabetes or Pre-Diabetes:
Consider screening for T2DM if BMI% > 85% and has 2 or more risk factors: Family Hx T2DM, Ethnicity, Sx Insulin Resistance, Gestational Hx of Mother; and/or pre-diabetes.

BMI _____ kg/m2 **Percentile (Weight Status Category):** ☐ <5th ☐ 5th-49th ☐ 50th-84th ☐ 85th-94th ☐ 95th-98th ☐ 99th and>

Hyperlipidemia: ☐ No ☐ Yes **Hypertension:** ☐ No ☐ Yes

PHYSICAL EXAMINATION/ASSESSMENT

Height: **Weight:** **BP:** **Pulse:** **Respirations:**

TESTS	Positive	Negative	Date
PPD/ PRN	☐	☐	
Sickle Cell Screen/PRN	☐	☐	
Lead Level Required Grades Pre- K & K			**Date**
☐ Test Done ☐ Lead Elevated ≥10 µg/dL			

Other Pertinent Medical Concerns
One Functioning: ☐ Eye ☐ Kidney ☐ Testicle
☐ Concussion – Last Occurrence: _____
☐ Mental Health: _____
☐ Other:

☐ **System Review and Exam Entirely Normal**

Check Any Assessment Boxes *Outside* Normal Limits And Note Below Under Abnormalities

☐ HEENT	☐ Lymph nodes	☐ Abdomen	☐ Extremities	☐ Speech
☐ Dental	☐ Cardiovascular	☐ Back/Spine	☐ Skin	☐ Social Emotional
☐ Neck	☐ Lungs	☐ Genitourinary	☐ Neurological	☐ Musculoskeletal

☐ Assessment/Abnormalities Noted/Recommendations:

☐ Additional Information Attached

Diagnoses/Problems (list)	ICD-10 Code

Name:				DOB:
SCREENINGS				
Vision	**Right**	**Left**	**Referral**	**Notes**
Distance Acuity	20/	20/	☐ Yes ☐ No	
Distance Acuity With Lenses	20/	20/		
Vision – Near Vision	20/	20/		
Vision – Color ☐ Pass ☐ Fail				
Hearing	**Right** dB	**Left** dB	**Referral**	
Pure Tone Screening			☐ Yes ☐ No	
Scoliosis Required for boys grade 9	**Negative**	**Positive**	**Referral**	
And girls grades 5 & 7	☐	☐	☐ Yes ☐ No	
Deviation Degree:		Trunk Rotation Angle:		
Recommendations:				

RECOMMENDATIONS FOR PARTICIPATION IN PHYSICAL EDUCATION/SPORTS/PLAYGROUND/WORK

☐ **Full Activity** without restrictions including Physical Education and Athletics.

☐ **Restrictions/Adaptations** Use the Interscholastic Sports Categories (below) for Restrictions or modifications

- ☐ **No Contact Sports** **Includes:** baseball, basketball, competitive cheerleading, field hockey, football, ice hockey, lacrosse, soccer, softball, volleyball, and wrestling
- ☐ **No Non-Contact Sports** **Includes:** archery, badminton, bowling, cross-country, fencing, golf, gymnastics, rifle, Skiing, swimming and diving, tennis, and track & field
- ☐ **Other Restrictions:**

☐ **Developmental Stage for Athletic Placement Process ONLY**

Grades 7 & 8 to play at high school level **OR** Grades 9-12 to play middle school level sports

Student is at **Tanner Stage:** ☐ I ☐ II ☐ III ☐ IV ☐ V

☐ **Accommodations:** Use additional space below to explain

☐ Brace*/Orthotic	☐ Colostomy Appliance*	☐ Hearing Aids
☐ Insulin Pump/Insulin Sensor*	☐ Medical/Prosthetic Device*	☐ Pacemaker/Defibrillator*
☐ Protective Equipment	☐ Sport Safety Goggles	☐ Other:

*Check with athletic governing body if prior approval/form completion required for use of device at athletic competitions.

Explain: _____

MEDICATIONS

☐ **Order Form for Medication(s) Needed at School attached**

List medications taken at home:		

IMMUNIZATIONS

☐ Record Attached ☐ Reported in NYSIIS Received Today: ☐ Yes ☐ No

HEALTH CARE PROVIDER

Medical Provider Signature:	**Date:**
Provider Name: *(please print)*	Stamp:
Provider Address:	
Phone:	
Fax:	

Please Return This Form To Your Child's School When Entirely Completed.

ST. MARY SCHOOL
HEALTH OFFICE
IMMUNIZATION RECORD

NAME_____ DATE OF BIRTH_____

DPT/DTaP #1	_____
DPT/DTaP #2	_____
DPT/DTaP #3	_____
DPT/DTaP #4	_____
DPT/DTaP #5	_____
DT	_____
Tdap (age 11)	_____
OPV/IPV #1	_____
OPV/IPV #2	_____
OPV/IPV #3	_____
OPV/IPV #4	_____
Hib #1	_____
Hib #2	_____
Hib #3	_____
Hib #4	_____
MMR #1	_____
MMR #2	_____
Hep B #1	_____
Hep B #2	_____
Hep B #3	_____
Varicella/ Varivax	_____
Prevnar/ PCV7 #1	_____
Prevnar/ PCV7 #2	_____
Prevnar/ PCV7 #3	_____
Prevnar/ PCV7 #4	_____
Hep A #1	_____
Hep A #2	_____
Meningococcal	_____
Td	_____
Gardiasil	_____
TB tine/ Mantoux test	_____

PHYSICIAN'S NAME _____

PHYSICIAN'S SIGNATURE _____

ADDRESS _____ TOWN _____

ZIP _____ PHONE _____ DATE _____