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### INFORMATION SHEET

(PLEASE PRINT)

CHILD'S LAST NAME:		FIRST NAME:			MIDDLE NAME:	GRADE: ROOM #:	PARISH:	
DATE OF BIRTH:		GENDER: M F	RACE:		BIRTH COUNTRY:		SCHOOL DISTRICT:	
SS#:		RELIGION:			Language spoken at home:			
MAILING ADDRESS:			CITY:		ZIPCODE	TOWNSHIP	COUNTY	
PRIMARY PHONE: ( )			EMERGENCY PHONE: ( )			HOME EMAIL:		
PARENT MARITAL STATUS:		<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Divorced	<input type="checkbox"/> Single	<input type="checkbox"/> Living Together		
FATHER'S INFORMATION				MOTHER'S INFORMATION				
NAME:					NAME:		MAIDEN:	
ADDRESS:					ADDRESS:			
PHONE: ( )		CELL: ( )			PHONE: ( )		CELL: ( )	
RELIGION:		COUNTRY OF BIRTH:				RELIGION:		COUNTRY OF BIRTH:
OCCUPATION:					OCCUPATION:			
BUSINESS PHONE:					BUSINESS PHONE:			
EMAIL:					EMAIL:			
<b>HOME SITUATION: (CHECK ALL THAT APPLY)</b>								
<input type="checkbox"/> TWO BIOLOGICAL PARENTS		PARENTAL RIGHTS: (In case of separation or divorce please check)					GUARDIAN: _____	
<input type="checkbox"/> MOTHER / STEPFATHER								
<input type="checkbox"/> FATHER / STEPMOTHER								
NAME OF STEPFATHER:		LEGAL CUSTODY: <input type="checkbox"/> Joint Custody <input type="checkbox"/> Sole Custody <input type="checkbox"/> Mother <input type="checkbox"/> Father					RELATIONSHIP TO STUDENT: _____	
NAME OF STEPMOTHER:		PHYSICAL CUSTODY: <input type="checkbox"/> Joint Custody <input type="checkbox"/> Sole Custody <input type="checkbox"/> Mother <input type="checkbox"/> Father						
<input type="checkbox"/> ONE PARENT								
<input type="checkbox"/> SEPARATED		<b>NOTE: IN CASE OF SEPARATION OR DIVORCE, THE PRINCIPAL <u>MUST</u> HAVE A COPY OF THE AGREEMENT OR COURT ORDER OUTLINING SHARED LEGAL AND PHYSICAL CUSTODY - please send to Sr. Anne B. McGuire, Principal.</b>						
<input type="checkbox"/> DIVORCED								
<input type="checkbox"/> OTHER: SPECIFY								

(OVER)

#



PREVIOUS SCHOOLS ATTENDED: \_\_\_\_\_ PHONE#: \_\_\_\_\_

Including Nursery School

ADDRESS CITY ST ZIP CODE

DATE CHURCH CITY&STATE

BAPTISM: \_\_\_\_\_

FIRST PENANCE: \_\_\_\_\_

FIRST COMMUNION: \_\_\_\_\_

CONFIRMATION: \_\_\_\_\_

PLEASE HAVE THE FOLLOWING INFORMATION WITH YOU AT THE TIME OF REGISTRATION:

1. BIRTH CERTIFICATE (copy)
2. SOCIAL SECURITY NUMBER OF CHILD
3. BAPTISMAL CERTIFICATE (copy)
4. LETTER FROM THE PASTOR – NO REGISTRATION WILL BE TAKEN WITHOUT THIS LETTER – St. Peter parishioners will need to set up an appointment with the pastor for this letter.
5. IMMUNIZATION RECORD
6. IF APPLYING FOR GRADES 2-8 A COPY OF THE LATEST REPORT CARD
7. In case of Legal Separation or Divorce a court certified copy of the custody must be on file with the office.
8. \$100.00 NON-REFUNDABLE REGISTRATION FEE + THE FIRST MONTH'S TUITION



## PARENTAL CONTRACT

Dear Parent(s) or Guardian:

The following is the policy for Pope John Paul II Regional Catholic Elementary School for all monies due, i.e. Tuition, After School Program, etc...,:

1. All Tuition must be paid in full by April 15th of the school year. Tuition is paid directly to SMART.
2. All After School Program (CARES) money must be paid by the due date on the monthly billing.
3. If any payments are not up-to-date on a monthly basis, your child/children will not be able to participate in the following:
  - a. class trips
  - b. receipt of report cards
  - c. Kindergarten and Eighth Grade Graduations

I will abide by the above policy in regard to all payments for each school year that my child/children attend Pope John Paul II Regional Catholic Elementary School.

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**Parent(s) Guardian Signature**

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**Date**



2875 Manor Road  
West Brandywine, Pennsylvania 19320

Phone#610-384-5961  
Fax#610-384-5730

[www.popejohnpaul2sch.org](http://www.popejohnpaul2sch.org)

**PLEASE SIGN BELOW:**

All Parents or Guardians of children are required to sign the following form once, while your child/children are enrolled in Pope John Paul II Regional Elementary School.

I hereby request of the Secretary of Education of Pennsylvania the loan of Instructional materials and textbooks in accordance with Act 90 (1975), Act 195 (1972), and Act 88 (1975) for my child/children attending Pope John Paul II Regional Elementary in Coatesville, Chester County, Pennsylvania.

Signed: \_\_\_\_\_  
Parent/ Guardian

\_\_\_\_\_  
Please also print your name

DATE: \_\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_ Parent or Guardian \_\_\_\_\_

Telephone \_\_\_\_\_

Race/Ethnicity:  White  Black  Asian or Pacific Islander  American Indian or Alaskan Native

Hispanic Origin:  Yes  No

Please Circle Present Grade K 1 2 3 4 5 6 7 8 9 10 11 12 Other \_\_\_\_\_

**PENNSYLVANIA DEPARTMENT OF HEALTH – CERTIFICATE OF IMMUNIZATION**

VACCINE Circle appropriate item	Enter Month, Day, and Year Each Immunization Was Given				
	DOSES				
Diphtheria and Tetanus (DTaP, DTP, Td or DT)	1 / /	2 / /	3 / /	4 / /	5 / /
Tetanus, Diphtheria and Acellular Pertussis (Tdap)	1 / /	2 / /	3 / /	4 / /	5 / /
Polio (OPV or IPV)	1 / /	2 / /	3 / /	4 / /	5 / /
Hepatitis B	1 / /	2 / /	3 / /	4 / /	5 / /
Measles - Mumps - Rubella (MMR)	1 / /	2 / /	or Measles Serology Date _____ Titler _____		
Varicella (Vaccine or Disease)	1 / /	2 / /	Rubella Serology Date _____ Titler _____		
Meningococcal (MCV)	1 / /	2 / /			
Other	1 / /	2 / /	Mumps disease diagnosed by a physician: Date _____		

Age appropriate dose of MCV and Tdap are required for entry into 7th grade.

H502.320 Rev. 12/05

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_ Parent or Guardian \_\_\_\_\_

Telephone \_\_\_\_\_

Please Circle Present Grade K 1 2 3 4 5 6 7 8 9 10 11 12 Other \_\_\_\_\_

**STATEMENT OF EXEMPTION TO IMMUNIZATION LAW**

**MEDICAL EXEMPTION**

The physical condition of the above-named child is such that immunization would endanger life or health.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(PHYSICIAN )

**RELIGIOUS EXEMPTION**

(Includes a strong moral or ethical conviction similar to a religious belief.)

Parent or guardian of the above-named child adheres to a religious belief whose teachings are opposed to such immunizations.

State your reason for requesting a religious exemption \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(PARENT OR GUARDIAN )

COATESVILLE AREA SCHOOL DISTRICT  
COATESVILLE, PENNSYLVANIA

HEALTH HISTORY PERMISSION FORM (INITIAL HISTORY)

STUDENT NAME: \_\_\_\_\_

THE NATURE OF THIS HEALTH HISTORY

I understand that the information I give to the School Nurse is important for the school staff to understand and help 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 and in other institutions 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 who request it only with my written permission.

\_\_\_\_\_  
Date

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

EXPLANATION OF HEALTH SERVICES

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

Every year every student:	Height, weight, vision screening
K,1,2,3,7 and 11th Grade:	Hearing screening
K3, and 7th Grade:	Dental-by school/family dentist
K6/ 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.

\_\_\_\_\_  
Date

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





Is there a baby-sitter for before or after school? NO YES

**Name of sitter**

**Address**

**Phone Number**

**Health History (continued):**

Please put a circle  
around the answer  
**Explain if YES**

Has the child had more than six colds or throat infections  
(with a fever) a year? NO YES

Has the child had any trouble with ears or hearing? NO YES

Has the child had any trouble with eyes or seeing? NO YES

Has the child had any trouble with teeth? NO YES

Has the child ever had a convulsion (seizure)? NO YES

Has the child ever had a fainting spell? NO YES

Does the child complain of headaches? NO YES

Has the doctor ever said the child had a heart murmur? NO YES

Does the child have trouble keeping up with other children? NO YES

Do any foods disagree with the child? NO YES

Does the child often have diarrhea? NO YES

Has constipation ever been much of a problems for this child? NO YES

Has the child ever had worms or parasites? NO YES

Have you ever seen blood in the child's stools (bowel movements)? NO YES

Has the child ever had yellow jaundice or trouble with the liver? NO YES



Please put a circle around any of the following things which worry you about the child:

1. Bedwetting
2. Wetting during the day
3. Thumbsucking
4. Stammering or stuttering
5. High strung or easily upset
6. Too restless
7. Shy
8. Sad and sulky
9. Feelings easily hurt
10. Wanting too much attention
11. Wanting too much comfort  
or support from a parent
12. Daydreams
13. Nightmares
14. Temper tantrums
15. Contrary or stubborn
16. Disobedient
17. Lying
18. Selfish in sharing
19. Jealous of brothers/sisters
20. Fighting with other children
21. Purposely destroys things
22. Feeding
23. Bowels
24. Any other problems not  
mentioned? What?

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Parent/Guardian Signature

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Date

**POPE JOHN PAUL II REGIONAL CATHOLIC ELEMENTARY**

**DATE:** \_\_\_\_\_

**STUDENT NAME:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**GRADE ENTERING PJPII:** \_\_\_\_\_

**SCHOOL YEAR:** \_\_\_\_\_

**CERTIFICATE OF IMMUNIZATION**

The Pennsylvania School Health Law states:

The following minimum immunizations are required for all students entering school for the first time or into Kindergarten.

- 4 doses – Tetanus (1 dose after the 4<sup>th</sup> birthday)
- 4 doses – Diphtheria (1 dose after the 4<sup>th</sup> birthday)
- 3 doses Polio
- 2 doses Measles – 2 doses Mumps – 1 dose Rubella (German measles)
- 3 doses of Hepatitis B
- 2 doses Varicella vaccine (chickenpox) or history of the disease

**Children Entering 7<sup>th</sup> grade**

- 1 dose of Meningococcal Conjugate vaccine (MCV)
- 1 dose Tetanus, Diphtheria, Acellular Pertussis (Tdap)
- If 5 years has elapsed since last Tetanus immunization

In accordance with the above State Regulations a child will not be admitted to school until his/her certificate of Immunization or exemption\* is completed by a physician or other health care provider.

\*The following is the position of the Church around the issue of immunization:

The Pontifical Academy for Life encourages Catholics to use alternative vaccines when they are available. Unfortunately, none exist at this time. For this reason, Catholics may use these vaccines with a clear conscience.

The Pontifical Academy also strongly encourages parents to vaccinate their children for the common good, since contact with a virus may cause serious harm to others, particularly in the case of a pregnant mother contracting the rubella virus.

For these reasons, the Church does not consider parents' objections as grounds for a "religious exemption" from vaccination.

(OVER)