



ADMISSIONS DATES AND INFORMATION

Electronic Applications and documents due by March 3, 2023.

Thank you for your interest in St. Thomas Aquinas Regional School and for your desire to provide a Catholic education for your children. Following the example of St. Thomas Aquinas, patron Saint of Catholic Schools, our mission is to teach Faith and Reason: that all truth comes from God and academic excellence finds its purpose in Him. Aquinas welcomes qualified students of all religions, races, creeds, and national and ethnic origins, who have a variety of God-given talents and interests.

Admission Dates

- November 17, 2022 at 6:00 p.m., Open House (RSVP on the Website)
- January 19, 2023, Diocesan Tuition Assistance applications due for parents with both a student in Catholic high school and elementary school
- February 2, 2023, at 6:00 p.m., Open House (RSVP on the Website)
- March 3, 2023, Electronic applications and supporting documentation due for consideration in first round of acceptances.
- March 15, 2023 Diocesan Tuition Assistance applications due for parents with only a student in elementary (K-8) school.
- March 2023, Pre-K/Kindergarten Screenings/Middle School interviews by appointment
- Mid April - Acceptance notifications sent out via email
- May 5, 2023 Applications for STEM, Advanced Language Arts, or Heritage Spanish due (Grades 5-8)

Application Forms

The application is completed in two parts. **Part 1** is the online electronic application which can be found on the school's website (aquinastars.org) under the admissions tab. You will need the following documents electronically so you can upload them as part of the online application:

- Birth certificate
- Baptismal Certificate (if Catholic)
- School Entrance Health Form (physical form with immunizations)
- Individualized Education Plan, 504 Plan, Special Education Child Study minutes, or Student Assistance Plan
- Custody documents

Part 2 requires you to download and print the supplemental forms and submit them via email or drop them off at the school office. See the checklist on the back for required documents.

Aquinas Application Process and Document Checklist

	Application (completed in three steps)	<p>Part 1 – complete the online application using the link on the on admissions page of website.</p> <p>Part 2 – Download and complete the Parish Confirmation Form, Request for Records, Parent Questionnaire, and for students in grades 6-8, the Middle School Questionnaire. Submit documentation listed below as applicable</p> <p>Part 3 – Pay the application fee. Payment can be submitted by check to the school office or paid via the link on the admissions page</p>
	Application Fee	Link on admissions process page. Non-refundable application fee of \$75.00 for sibling of a current family or \$150 for a new family
	Copy of Birth Certificate	Uploaded, Emailed, or mailed. A copy is required with your application and may be uploaded directly into the online application
	Copy of Sacramental Records	Uploaded, emailed, or mailed: Catholic applicants only. Includes Baptismal, Reconciliation, and First Eucharist (if they have been received).
	Student Recommendation Form	The student recommendation form will be emailed by the school to your child's current academic teacher. Teacher will email directly back to the school office.
	Parish Confirmation Form	<p>Found in the document link on the admissions page. Mailed or emailed. This form is required for all applicants whether they are catholic or not. For non-Catholic families, the form should be completed and submitted with the other documentation/forms. For Catholic families, the form should be submitted to your parish at the following email addresses:</p> <p>Sacred Heart – office@shcva.org</p> <p>St. Elizabeth Ann Seton - receptionist@setonlakeridge.org</p> <p>Our Lady of Angels - general@olacc.org</p> <p>Catholic Families that are out of the area should also complete and submit the form so they can receive the Non-Parishioner for the first year.</p>
	Parent Questionnaire	Download from the website or copies can be picked up in the school office. One per student. Can be emailed or dropped off at school office.
	Health Forms- Immunizations and School Entrance Health Form	Found in the document link on the admissions page. Mailed, emailed, or dropped off at school office. At a minimum, a list of immunizations for your student should be submitted. The completed School Entrance Health Form is required before a student will be allowed to start in August. Physicals on the School Entrance Health Form (pg. 4) must be within one year of the first day of school (8/21/2023). Please do not wait until the last minute to schedule your physicals.
	Student Questionnaire	Required for students applying for grades 1-3 and 4-8.
	Custody Decree	Mailed, emailed, or dropped off at school office. A copy of the custody decree should be provided with the other documentation.
	IEP/504/ELL or other information	If you child has an IEP or 504 plan please contact the admissions office before completing the application documentation so we can determine if we can accommodate the student
	Discipline	If your child has ever been suspended, dismissed, expelled, or not permitted to re-enroll in a school we will require those records to review.
	Request for Records/Student Records	Found in document link on the admissions page. Required for students applying for grades 1-8. Form can be mailed, emailed, or dropped, at school office. Aquinas will request records for students who attend public/private school. Homeschooled students should submit report cards and testing with other documentation.



2023-2024 TUITION AND FEES

Number of PK-8 students	PARISHIONER Parish pays subsidy per student <i>Our Lady of Angels, St Elizabeth Ann Seton, Sacred Heart</i>	NON-PARISHIONER	NON-CATHOLIC / NON-ACTIVE
One	\$7,651	\$8,781	\$9,410
Two	\$14,536	\$16,684	\$17,878
Three	\$19,509	\$22,391	\$23,995
Four	\$22,952	\$26,343	\$28,229

Pre-K Tuition (FULL day) see rate schedule above

Pre-K Tuition (1/2 day) \$4,705 per year not including fees

(Please note: Pre-K tuition is not eligible for tuition assistance)

FAMILY SERVICE HOURS

10 hours per family per school year (5 required each semester) A cash fee of \$20 may be substituted for each service hour. Unfulfilled service hours will be charged at the end of each semester.

FAMILY APPLICATION FEE

\$150 per new family. \$75 for current family Sibling application Paid when the application is submitted. (non-refundable)

FAMILY REGISTRATION FEE

\$100 per family. Paid after acceptance. Due with registration paperwork. (non-refundable). Current families - registration fee will be processed through FACTS agreement February 19, 2023.

LATE FAMILY REGISTRATION FEE

\$250 per family. *Current* families who register after **February 19, 2023** will be charged the Late Registration Fee (non-refundable)

STUDENT FEE

\$160 per student (non-refundable). The Student Fee is assessed **per student** for PTO dues, field trips, classroom events, Youth Rally, testing materials, and initial school supplies including composition books, pencils, crayons, scissors and other necessary items.

8th GRADE FEE

\$75 per 8th grade student (non-refundable). This fee covers the cost of the cap and gown, a yearbook for each student and money towards graduation events.

The default tuition rate is the Non-Catholic/Non-Active Catholic rate. The Parishioner tuition rate is reserved for families who have a 2023-2024 Parish Confirmation Form signed by the pastor from one of our three supporting parishes: Our Lady of Angels, St Elizabeth Ann Seton or Sacred Heart parishes. The Non-Parishioner rate applies to families who have a 2023-2024 Parish Confirmation Form signed by the pastor from another Catholic parish. The family will be invoiced based on the completed registration paperwork and Parish Confirmation form.

When registering, parents must sign the St. Thomas Aquinas Regional School Continuous Enrollment Contract. Tuition may be paid in full by June 1, 2023 or in monthly payments through enrollment in the *FACTS Tuition Management Company*. The first FACTS payment, or equivalent, for the upcoming school year is nonrefundable. **Registration is not complete until the non-refundable Family registration fee of \$100 is paid on your active FACTS agreement, unless paying in full.** Registration may be voided if an active FACTS agreement or payment of full tuition is not complete by June 1, 2023. Families with pending applicants and newly accepted students, please refer to your admission paperwork for specific deadlines.

To live our motto of Faith and Reason, St Thomas Aquinas Regional School strives to assist all families who wish to provide a Catholic education for their children. Tuition assistance is available to qualifying families and we invite families with a need to submit an application through FACTS Grant & Aid at <https://online.factsmtg.com/signin/3CXHB>.

If you have any questions regarding payments, please contact Mrs. Adrea Fitzgerald in the Business Office at afitzgerald@aquinastars.org or 703-491-4447, ext 215.



2023-2024 CONFIRMATION OF PARISH REGISTRATION
(One per family/not per student)

_____ **I am a registered Parishioner at** _____ **Our Lady of Angels, _____ St. Elizabeth Ann Seton, or _____ Sacred Heart.** Please submit this form directly to your parish office. By completing and submitting this form to your Parish, you acknowledge that you are an active member and support the Parish and its programs. If your family has not been actively participating or you have not been financially supporting your Parish over the past year, it is assumed that you are not participating and be charged the non-Catholic rate.

_____ **I am a non-parishioner but registered at** _____ **Parish. Please forward this form to your parish office.** The parish office will then complete the form and return it directly to Aquinas. Only families with a signed form from your Parish will receive the non-parishioner rate.

_____ **Non-Active Catholic.** Return the form with your application/registration forms to the school office.

_____ **Non Catholic.** We want to be sensitive to families of other faiths. Could you please share with us your faith background or religion _____ (e.g., Christian, Baptist, Orthodox, Jewish, None). Return the form with your application/registration forms to the school office.

Print Parent(s) First and Last Name: _____

Print Student(s) Full Name and grade: _____

Address _____

City: _____ State: _____ Zip: _____ Phone: _____ cell or home

Email address: _____

Please check any parish activities in which you currently participate:

_____ Choir	_____ Extraordinary Minister of Holy Communion	_____ Hospitality
_____ Knights of Columbus	_____ Ladies Guild/Catholic Women's Council	_____ Lector
_____ Legion of Mary	_____ Parish Council	_____ Altar Server
_____ Rel. Ed./CYM/RCIA	_____ St. Vincent de Paul Society/Family Concerns	_____ Usher

• Briefly comment on your parish involvement: _____

To be completed by a parish representative and returned to the school office.

☐ **The above listed family is a registered and active member in (please check the appropriate Parish)**

☐ Our Lady of Angels ☐ Sacred Heart ☐ St. Elizabeth Ann Seton ☐ _____ Parish

Pastor Signature _____ Date _____

☐ **Non-active. We are unable to confirm this family's participation in our Parish.**

☐ Our Lady of Angels ☐ Sacred Heart ☐ St. Elizabeth Ann Seton ☐ _____ Parish

Parish Representative: _____ Date _____

DIOCESAN TUITION ASSISTANCE PROGRAM

Office of Catholic Schools
excellence by design



Academic Year 2023-2024

What is the program?

The Diocesan Tuition Assistance Program provides financial assistance to families in Catholic schools in the Diocese of Arlington through funding from diocesan parishes as well as the *Rooted in Faith~Forward in Hope* Capital Campaign Endowment. It is open to all qualified students whose parents might not otherwise be able to pay the full cost of tuition.

Who is eligible?

- Students attending or accepted by a Diocese of Arlington Catholic school (K-12).
 - Preschool and Pre-K are not eligible.
 - Not applicable to students of private independent Catholic schools associated with the Diocese and/or international students.
- Students who are Catholic and members of a parish in the Diocese of Arlington or military base parish.
- Families who reside within the boundaries of the Diocese of Arlington and are registered and active members of a diocesan parish or a military base parish.

How do I apply?

- Submit financial aid assessment application and all supporting tax documentation by due date. Applications will be completed electronically online at <https://online.factsmgt.com/signin.aspx>
Only one application and processing fee is required per family.
- Families with students in *ELEMENTARY* **AND** *HIGH SCHOOL* should follow the high school due date.

Due Dates

Elementary/Middle School students
Year of Tax Forms Required

March 15, 2023
2022

High School Students

• Bishop Ireton High School	January 6, 2023
• Bishop Denis J. O'Connell High School	January 7, 2023
• St. Paul VI Catholic High School	January 6, 2023
• Saint John Paul the Great Catholic High School	January 18, 2023
Year of Tax Forms Required if submitted by due date	2021
Year of Tax Forms Required if submitted AFTER due date	2022

*Families applying for financial aid for both high school **AND** elementary/middle school students will need to submit BOTH 2021 **AND** 2022 tax forms.

Awards

Awards are made for **ONE ACADEMIC YEAR** and are based on each family's demonstrated financial need. Individual schools determine the amount and the distribution of all awards for each academic year. The schools will contact families when award decisions have been made and will credit the tuition accounts of approved families.

\$3,688,974 awarded in 2022

● For more information ●

Questions regarding financial aid process

Bo Zamoyta 703.841.2551
Bo.Zamoyta@arlingtondiocese.org

Questions regarding application

FACTS Management 1.866.441.4637
<https://online.factsmgt.com/platform/customer-service>

Award decisions

Please contact your school.

Diocesan Tuition Assistance

<https://www.arlingtondiocese.org/Catholic-Schools/Tuition-Assistance/>

\$3,688,974 ASIGNADOS EN 2022

Año académico 2023-2024

¿En qué consiste el programa?

El Programa Diocesano de Ayuda Económica para Estudios ofrece ayuda financiera a las familias de escuelas Católicas de la Diócesis de Arlington. El programa está abierto a todos los alumnos que califiquen cuyos padres no puedan pagar el costo total de la matrícula escolar.

¿Quién puede acceder?

- Alumnos que concurren o son aceptados para ingresar a una escuela Católica de la Diócesis de Arlington (K-12). *Los alumnos preescolares o pre-K no son elegibles.*
- Alumnos que sean Católicos y miembros de una parroquia de la Diócesis de Arlington o parroquia en base militar.
- Familias que residan dentro de los límites de la Diócesis de Arlington y estén registradas y sean miembros activos de una parroquia diocesana o una parroquia en base militar.

¿Cómo solicito la ayuda?

Presentar una solicitud, junto con toda la documentación fiscal correspondiente antes de la fecha límite. Se pueden obtener solicitudes impresas en cada una de las escuelas.

También se pueden completar las solicitudes en forma electrónica en el sitio web <https://online.factsmgt.com/signin.aspx>. Se requiere solo una solicitud por familia.

- Remitir el cargo por procesamiento.
- Las familias que solicitan ayuda para alumnos *TANTO DE NIVEL PRIMARIO COMO SECUNDARIO* deben acatar la fecha de presentación de la escuela secundaria.

Fechas de presentación

ESCUELA PRIMARIA

El 15 de Marzo de 2023

Se requieren formularios de impuestos de 2022

ESCUELA SECUNDARIA

- Bishop Ireton High School El 6 de Enero de 2023
- Bishop Denis J. O'Connell High School El 7 de Enero de 2023
- St. Paul VI Catholic High School El 6 de Enero de 2023
- Saint John Paul the Great Catholic High School El 18 de Enero de 2023

Se requieren formularios de impuestos de 2021 si se envían antes de la fecha de vencimiento.

Se requieren formularios de impuestos de 2022 si se envían **después** de la fecha de vencimiento.

*Las solicitudes con estudiantes de secundaria y primaria deben presentar los formularios de impuestos de 2021 y 2022.

Asignaciones

Las asignaciones se otorgan por UN AÑO ACADÉMICO y se basan en las necesidades financieras comprobadas de cada familia. Cada escuela determina el monto y la distribución de las asignaciones para cada año académico. Las escuelas se contactarán con las familias después de tomar la decisión con respecto a la asignación. Una vez tomada esta decisión final, las escuelas acreditarán las cuentas de las matrículas de las familias aprobadas.

~Para más información~

Otras consultas

FACTS Management
1-866-441-4637

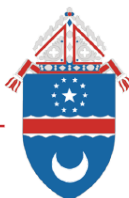
Bo Zamoyta
703.841.2551
Bo.Zamoyta@arlingtondiocese.org

Renee Quirós White
Renee.White@arlingtondiocese.org

Decisiones sobre las asignaciones

Por favor, contáctese con [su escuela](#).

Diócesis de Arlington
Escuelas Católicas





EXTENDED DAY PROGRAM 2023-2024

1. Extended Day is available for students in K-8, Monday-Friday, from 6:00-8:00 a.m. and from 3:00-6:00 p.m. on days when school is in session. Extended day is also available for all-day PK students. Extended Day Fees are not included in the price of tuition.
2. Early release days are billed in addition to the regular afternoon sessions or exclusively for those who only register for early release days. Early release is when school dismisses at 12:00 p.m. or 2:00 p.m. on specific days. If you do not register for early release days, you must pick up your child at the time the school dismisses.
3. A study hall period is offered Monday through Thursday to allow students to work on their homework. The program also provides a snack and drink every day.
4. Credit is not given for unused days due to illness, family vacation, participation in sports, girl/boy scouts, leadership, clubs, choir, or other school activities.
5. There is a \$20 registration fee per family that must be returned with the Extended Day registration form. The fee is non-refundable. Registration for Extended Day begins in April. Priority registration is given to full-time users (Monday through Friday-5 days per week). Drop-in use is unavailable. Registration for early release days is not mandatory to be considered a full-time user.

FEES AND SESSION TIMES

Morning Sessions

Session A1 – 6:00-8:00 a.m., \$10.50 per day per child

Session A2 - 7:00-8:00 a.m., \$5.25 per day per child

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Early Release Sessions* Extended Day remains open until 6:00 p.m. This fee covers the additional time between the early release and regular Extended Day start time of 3:00 p.m.

Session ER1 – 12:00-3:00 p.m., \$15.75 per day per child

Session ER2 – 2:00-3:00 p.m., \$5.25 per day per child

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Afternoon Sessions

Session B1 – 3:00-4:00 p.m., \$5.25 per day per child

Session B2 – 3:00-5:00 p.m., \$10.50 per day per child

Session B3 – 3:00-6:00 p.m., \$15.75 per day per child



NEW STUDENT REFERRAL PROGRAM

Many of our new families initially hear about St. Thomas Aquinas Regional School through a personal referral from an existing school family. Now we want to reward them for promoting our school to their family and friends! Through our **New Student Referral Program**, a current family can receive a **\$200 tuition credit** for referring one new family or a **\$400 tuition credit** for referring two new families.

Here's how it works:

- The New Student Referral Program is open to all parents or legal guardians with Pre-K through 8th grade students enrolled at St. Thomas Aquinas Regional School, and all teachers and staff from St. Thomas Aquinas Regional School.
- Tuition credit awards will be given for referring **new families** to the school. To qualify for the incentive, referred students cannot be a sibling of a student currently or previously enrolled in St. Thomas Aquinas Regional School, and the family cannot already be included in the St. Thomas Aquinas Regional School Family Database.
- To qualify, referrals must be acknowledged during the initial contact with the school. **To receive tuition credit, the Referring Family must ensure that the Prospective Family submits the Referral Form included in the New Student Application Packet.**
- All new students must meet standard enrollment criteria, be admitted, and be enrolled in the school for at least 30 days.
- Tuition credits will be applied to the referring family in October for students starting at the beginning of the school year. Credits for students starting through the end of December will be applied one month following the start date of the referred family. Tuition credit for students starting from January – May will be applied in October if the student remains enrolled at St. Thomas Aquinas Regional School the following year.
- Families who paid their tuition in full, and teachers and staff making referrals, will receive an incentive check equal to the amount of the tuition credit.

***Each St. Thomas Aquinas Regional School family can be awarded up to two referrals per school year for a maximum of \$400 in tuition credit.** The Student Referral Incentive Program is subject to review and modification. Interpretation of program parameters will be at the discretion of the Principal.

St. Thomas Aquinas Regional School ~ New Student Referral Form

This form is to be completed by the prospective family and submitted with their application.

I/We _____ have been referred by

_____ to St. Thomas Aquinas Regional School.

New Parent Name(s): _____ Tel: _____

Address: _____

New Student Name: _____ Grade: _____

New Student Name: _____ Grade: _____

New Student Name: _____ Grade: _____

New Student Name: _____ Grade: _____

Please return to the admissions office.

Supplemental Forms

(With the exception of the Confirmation of Parish Registration, all forms should be completed and submitted to the office. Forms can be dropped off at the front desk or emailed to admissions@aquinastars.org)

Student Questionnaire for Grades 1-3

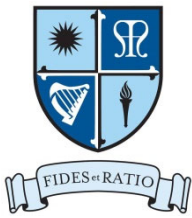
Student Questionnaire for Grades 1-3

2. Do you know how to pray? Do you have a favorite prayer? If you can, please answer in complete sentences.

A sheet of handwriting practice paper featuring four identical sets of horizontal lines. Each set consists of three lines: a solid top line, a dashed middle line, and a solid bottom line, providing a guide for letter height and placement.

3. What is one way students should be kind to their friends? What is your favorite game to play with your friends? If you can, please answer in complete sentences.

This image shows a sheet of handwriting practice paper. It features four identical sets of horizontal lines arranged vertically. Each set is composed of three lines: a solid top line, a dashed middle line, and a solid bottom line. These lines are designed to help learners practice consistent letter formation and alignment. The paper is otherwise blank, with no text or other markings.



Parent Questionnaire for Grades PK-8

Student Last Name:	Student First Name:	Current Grade Level:
Is your student applying for PK? Which session are you applying for: _____ Morning (8:00-11:00) _____ All Day (8:00-2:50)		

Aquinas requires a Student Recommendation Form be completed by your student's current teacher for students in grades PK-8 (for PK/K only if they have been in school or daycare). The recommendation form will be sent from Aquinas to the teacher's email account. Please provide the following information.

Name of academic/homeroom teacher	Subject(s) taught
Email address of teacher	Name of school your child is currently attending:

Are there any custody arrangements of which we should be aware?

Who does your child live with?

____ Both parents full time ____ Both parents part time ____ Mother ____ Father ____ Grandparent

____ Guardian ____ Other, please specify _____

How did you hear about Aquinas (postcard, friend recommended, bulletin ad, announcement at Mass)? Why are you interested in having your child attend Aquinas? Please explain.

Are you Catholic? What Catholic parish are you registered at? If not, what religion is your family? Does your family attend Mass/religious services? List some examples of how your family lives your faith?

Student Name:
Describe and explain any disciplinary problems that your child has experienced at any previous school? Have they ever been suspended or received a detention? Has your child been withdrawn, dismissed or been asked to leave any school for any reason? If yes to any of the above, please explain.
Has your child participated in a gifted or talented program? If yes, please include years attended.
Has your child ever been administered a psycho-educational test or battery? Does your child have a learning disability or an IEP/504 Plan? Has your child ever been diagnosed as ADD or ADD/ADHD? Is your child on medication?
What are your child's feelings about school? Does he/she have any fears or worries?
Who disciplines your child? What method is used? How does your child respond?
How do siblings and other children interact socially with your child?
Has your child received treatment in the last three years for any serious medical condition? If so, describe the condition for which treatment was received and the nature of the treatment provided. Have you been out of the country? If so, when? How long?
Is there anything you would like us to know about your child as we consider your application?



Student Questionnaire

(For Grades 4-8 only)

Please print in your own handwriting, completing the front and back. Attach a separate sheet if needed. Return completed form to Admissions office via email at admissions@aquinastars.org or drop off at school office.

Student Name: _____ (please print)

What School are you currently attending? _____

Please answer in complete sentences.

What do you think about homework? How much do you usually have? Have you ever worked with tutor?

Have you ever been tested for any special academic programs (honors, gifted, accelerated courses)?

What academic subjects do you enjoy the most? The least? How do you define "academic success"? How can you achieve it?

Tell us about your current school. What do you like/dislike? What is your classroom like? What would you change and why?

Student Questionnaire, Pg. 2

Student Name: _____

What Math Class are you in? (Math, Pre-Algebra, Algebra). What Math text book do you use? Do you write often? Have you studied a foreign language? If so, which one?

What are your primary interests outside of school? (hobbies, special interests, musical instruments, talents, sports)

Have you even gotten into trouble at school? Received a detention or suspension?

Are you Catholic? If so, where do you attend Mass? If not, what religion are you and where do you attend church services? Do you like going to church? How do you practice your faith?

Tell us about a book you have read recently and liked. What did you like about it?

Scenario: In your class there is a student who is considered a “nerd” and some of your classmates call him names. The problem is getting worse. The student is very hurt over it. How would you handle it if you were the student? A classmate? Why do you think these things happen?



Release of Student Records 22-23

Date: _____

Name and Address of school currently attending:

Phone # _____
Fax# _____

The following student(s) have applied for admission to St. Thomas Aquinas Regional School for the 2023-2024 school year:

Childs name

Date of Birth

Grade

Childs name

Date of Birth

Grade

Please forward the following information to my attention at the above address or by email as soon as possible so that their application and educational placement may be considered. Final records will be requested when/if the student is accepted.

Academic Transcripts
Standardized Test Scores
Current Year Grades to Date
Attendance Information
Discipline Record
Psychological/Educational Evaluations
School Entrance Health Form/Immunizations

Sociological Information
IEP/504 Plan
Child Study Referrals
Speech and Language Evaluations
Custody Information
Screening and Eligibility Minutes

Note: In accordance with FERPA (Family Educational Rights and Privacy Act), records transferred between schools do not require parent signature for release.

Thank you in advance for your assistance.

Sincerely,
Ms. Karen Cardinale
Admissions/Registrar
kcardinale@aquinastars.org

I give my consent for my child's records to be released to St. Thomas Aquinas Regional School.

Parent Signature

Date

COMMONWEALTH OF VIRGINIA
SCHOOL ENTRANCE HEALTH FORM
Health Information Form/Comprehensive Physical Examination Report/Certification of Immunization

Part I – HEALTH INFORMATION FORM

State law (Ref. Code of Virginia § 22.1-270) requires that your child is immunized and receives a comprehensive physical examination before entering public kindergarten or elementary school. **The parent or guardian completes this page (Part I) of the form.** The Medical Provider completes Part II and Part III of the form. This form must be completed no earlier than one year before your child's entry into school.

Name of School: _____ Current Grade: _____

Student's Name: _____
 Last First Middle

Student's Date of Birth: ____/____/____ Sex: _____ State or Country of Birth: _____ Main Language Spoken: _____

Student's Address _____ City _____ State _____ Zip Code _____

Name of Parent or Legal Guardian 1: _____ Phone: _____ - _____ - _____ Work or Cell: _____ - _____ - _____

Name of Parent or Legal Guardian 2: _____ Phone: _____ - _____ - _____ Work or Cell: _____ - _____ - _____

Emergency Contact: _____ Phone: _____ - _____ - _____ Work or Cell: _____ - _____ - _____

Hospital Preference: _____

Child's Health Insurance: None ☐ FAMIS Plus (Medicaid) ☐ FAMIS ☐ Private/Commercial/ Employer Sponsored ☐ _____

Box 1. Pre-Existing Conditions					
Condition	Yes	Comments	Condition	Yes	Comments
Allergies (food, insects, drugs, latex)			Diabetes: Type 1		
Please list Life Threatening Allergies:			Diabetes: Type 2		
			Insulin pump		
Allergies (seasonal)			Head injury, concussion		
Asthma or breathing conditions			Hearing conditions or deafness		
Attention-Deficit/Hyperactivity Disorder			Heart conditions		
Behavioral/Psych/ Social conditions			Lead poisoning		
Developmental conditions			Muscle conditions		
Bladder conditions			Seizures		
Bleeding conditions			Sickle Cell Disease (not trait)		
Bowel conditions			Speech conditions		
Cerebral Palsy			Spinal injury		
Cystic fibrosis			Surgery		
Dental Health conditions			Vision conditions		
Describe any other important health-related information about your child (<input type="checkbox"/> Feeding tube , <input type="checkbox"/> Trach , <input type="checkbox"/> Oxygen support, <input type="checkbox"/> Hearing aids, <input type="checkbox"/> Dental appliance, <input type="checkbox"/> Wheelchair, Hospitalizations, etc.):					

Box 2. Medications			
List all prescription, emergency, over-the-counter, and herbal medications your child takes regularly (Home/ School):			
Medication Name	Dosage	Time Administered (Home/School)	Notes
1.			
2.			
3.			
4.			
Additional Medications (Name, Dose, Time Administered, Notes)			

Check here if you want to discuss confidential information with the school nurse or other school authority. ☐ Yes ☐ No Please provide the following information:

	Name	Phone	Date of Last Appointment
Pediatrician/primary care provider			
Specialist			
Dentist			
Case Worker (if applicable)			

I _____ (do) (do not) authorize my child's health care provider and designated provider of health care in the school setting to discuss my child's health concerns and/or exchange information pertaining to this form. This authorization will be in place until or unless you withdraw it. You may withdraw your authorization at any time by contacting your child's school. When information is released from your child's record, documentation of the disclosure is maintained in your child's health or scholastic record.

Signature of Parent or Legal Guardian: _____ Date: ____/____/____

Signature of Interpreter: _____ Date ____/____/____

**COMMONWEALTH OF VIRGINIA
SCHOOL ENTRANCE HEALTH FORM
Part II - Certification of Immunization**

Check if the student's
Immunization
Records are attached
using a separate form
signed by HCP

☐

Section I

See Section II for conditional enrollment and exemptions.

A copy of the immunization record signed or stamped by a physician or designee, registered nurse, or health department official indicating the dates of administration including month, day, and year of the required vaccines shall be acceptable in lieu of recording these dates on this form as long as the record is attached to this form. Form must be signed and dated by the Medical Provider or Health Department Official in the appropriate box. Please contact your local health department for assistance with foreign vaccine records.

Student Name:		Date of Birth : / /		Sex:	
Race (Optional):		Ethnicity: Hispanic Non-Hispanic			
IMMUNIZATION	RECORD COMPLETE DATES (month, day, year) OF VACCINE DOSES GIVEN				
Diphtheria, Tetanus, Pertussis Vaccine (DTP, DTaP)	1	2	3	4	5
Diphtheria, Tetanus (DT) or Tdap or Td Vaccine (given after 7 years of age)	1	2	3	4	5
Tdap Vaccine booster	1				
Poliomyelitis Vaccine (IPV, OPV)	1	2	3	4	5
Haemophilus influenzae Type b Vaccine (Hib conjugate) only for children <60 months of age	1	2	3	4	
Rotavirus Vaccine (RV) only for children < 8 months of age	1	2	3		
Pneumococcal Vaccine (PCV conjugate) only for children <60 months of age	1	2	3	4	
Varicella Vaccine	1	2	Date of Varicella Disease OR Serological Confirmation of Varicella Immunity:		
Measles, Mumps, Rubella Vaccine (MMR vaccine)	1	2			
Measles Vaccine (Rubeola)	1	2	Serological Confirmation of Measles Immunity:		
Rubella Vaccine	1	2	Serological Confirmation of Rubella Immunity:		
Mumps Vaccine	1	2	Serological Confirmation of Mumps Immunity:		
Hepatitis B Vaccine (HBV) <input type="checkbox"/> Merck adult formulation used	1	2	3	4	
Hepatitis A Vaccine	1	2			
Meningococcal ACWY Vaccine	1	2			
Meningococcal B Vaccine	1	2	3		
Human Papillomavirus Vaccine (HPV)	1	2	3		
Influenza (Yearly)	1	2	3	4	5
Other	1	2	3	4	5
Other	1	2	3	4	5
Certification of Immunization					
I certify that this child is ADEQUATELY OR AGE APPROPRIATELY IMMUNIZED in accordance with the MINIMUM requirements for attending school, child care or preschool prescribed by the State Board of Health's <i>Regulations for the Immunization of School Children</i> (Reference Section III).					
Signature of Medical Provider or Health Department Official: _____ Date (Mo., Day, Yr.): ____/____/____					

Section II
Conditional Enrollment and Exemptions

Complete the medical exemption or conditional enrollment section as appropriate to include signature and date.
This section must be attached to Part I Health Information (to be filled out and signed by parent).

Student's Name: _____ Date of Birth: |____|____|____|
Parent or Legal Guardian Name: _____
Parent or Legal Guardian Name: _____
Phone Number: _____

MEDICAL EXEMPTION: As specified in the *Code of Virginia* § 22.1-271.2, C (ii), I certify that administration of the vaccine(s) designated below would be detrimental to this student's health. The vaccine(s) is (are) specifically contraindicated because (please specify):

DTP/DTaP/Tdap : [____]; DT/Td: [____]; OPV/IPV: [____]; Hib: [____]; PCV: [____]; RV: [____]; Measles : [____];

Mumps: [____]; Rubella : [____]; VAR: [____]; Men ACWY: [____]; Men B: [____]; Hep A: [____]; HBV: [____]

This contraindication is permanent: [], or temporary [] and expected to preclude immunizations until: Date (Mo., Day, Yr.): |____|____|____|.

Signature of Medical Provider or Health Department Official: _____ Date (Mo., Day, Yr.): ____/____/____

RELIGIOUS EXEMPTION: The *Code of Virginia* allows a child an exemption from receiving immunizations required for school attendance if the student or the student's parent/guardian submits an affidavit to the school's admitting official stating that the administration of immunizing agents conflicts with the student's religious tenets or practices. Any student entering school must submit this affidavit on a CERTIFICATE OF RELIGIOUS EXEMPTION (Form CRE-1), which may be obtained at any local health department, school division superintendent's office or local department of social services. Ref. *Code of Virginia* § 22.1-271.2, C (i).

CONDITIONAL ENROLLMENT: As specified in the *Code of Virginia* § 22.1-271.2, B, I certify that this child has received at least one dose of each of the vaccines required by the State Board of Health for attending school and that this child has a plan for the completion of his/her requirements within the next 90 calendar days. Next immunization due on _____.

Signature of Medical Provider or Health Department Official: _____ Date (Mo., Day, Yr.): |____|____|____|

Section III Requirements

For Minimum Immunization Requirements for Entry into School and Day Care, consult the Division of Immunization web site at
<http://www.vdh.virginia.gov/epidemiology/immunization>

Children shall be immunized in accordance with the Immunization Schedule developed and published by the Centers for Disease Control (CDC), Advisory Committee on Immunization Practices (ACIP), the American Academy of Pediatrics (AAP), and the American Academy of Family Physicians (AAFP), otherwise known as ACIP recommendations (Ref. *Code of Virginia* § 32.1-46(a)).
(Requirements are subject to change.)

Part III -- COMPREHENSIVE PHYSICAL EXAMINATION REPORT

A qualified licensed physician, nurse practitioner, or physician assistant must complete Part III. The exam must be done no longer than one year before entry into kindergarten or elementary school (Ref. Code of Virginia § 22.1-270). Instructions for completing this form can be found at www.vahealth.org/schoolhealth.

Student's Name: _____ Date of Birth: ____/____/____ Sex: ☐ M ☐ F

Health Assessment	Date of Assessment: ____/____/____ Weight: _____ lbs. Height: _____ ft. ____ in. Body Mass Index (BMI): _____ BP _____ <input type="checkbox"/> Age / gender appropriate history completed <input type="checkbox"/> Anticipatory guidance provided	Physical Examination 1 = Within normal 2 = Abnormal finding 3 = Referred for evaluation or treatment														
		1	2	3		1	2	3		1	2	3				
	HEENT				Neurological				Skin							
	Lungs				Abdomen				Genital							
	Heart				Extremities				Urinary							
Tuberculosis Screening Check the box that applies: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"><input type="checkbox"/> No risk for TB infection identified</td> <td style="width: 33%;"><input type="checkbox"/> No symptoms compatible with active TB disease</td> <td style="width: 33%;"><input type="checkbox"/> Risk for TB infection or symptoms identified</td> </tr> </table> Test for TB Infection: TST IGRA Date: _____ TST Reading _____ mm TST/IGRA Result: <input type="checkbox"/> Negative <input type="checkbox"/> Positive CXR required if positive test for TB infection or TB symptoms. CXR Date: _____ <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal														<input type="checkbox"/> No risk for TB infection identified	<input type="checkbox"/> No symptoms compatible with active TB disease	<input type="checkbox"/> Risk for TB infection or symptoms identified
<input type="checkbox"/> No risk for TB infection identified	<input type="checkbox"/> No symptoms compatible with active TB disease	<input type="checkbox"/> Risk for TB infection or symptoms identified														
EPSDT Screens <u>Required</u> for Head Start – include specific results and date: Blood Lead: _____ Hct/Hgb _____																

Developmental Screen	Assessed for:	Assessment Method:	<i>Within normal</i>	<i>Concern identified:</i>	<i>Referred for Evaluation</i>
	Emotional/Social				
	Problem Solving				
	Language/Communication				
	Fine Motor Skills				
	Gross Motor Skills				
Hearing Screen	<input type="checkbox"/> Screened at 20dB: Indicate Pass (P) or Refer (R) in each box. <input type="checkbox"/> Screened by OAE (Otoacoustic Emissions): <input type="checkbox"/> Pass <input type="checkbox"/> Referred		<input type="checkbox"/> Referred to Audiologist/ENT <input type="checkbox"/> Unable to test – needs rescreen <input type="checkbox"/> Permanent Hearing Loss Previously identified: <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Hearing aid or another assistive device		
		1000	2000	4000	
	R				
L					

Vision Screen	<input type="checkbox"/> With Corrective Lenses (Check if yes) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="4" style="text-align: center;">Stereopsis <input type="checkbox"/> Pass <input type="checkbox"/> Fail</td> <td style="text-align: center;"><input type="checkbox"/> Not tested</td> </tr> <tr> <td style="text-align: center;">Distance</td> <td style="text-align: center;">Both</td> <td style="text-align: center;">R</td> <td style="text-align: center;">L</td> <td rowspan="3" style="text-align: center; vertical-align: middle;">Test used:</td> </tr> <tr> <td style="text-align: center;">20/</td> <td style="text-align: center;">20/</td> <td style="text-align: center;">20/</td> <td></td> </tr> <tr> <td></td><td></td><td></td><td></td> </tr> </table>	Stereopsis <input type="checkbox"/> Pass <input type="checkbox"/> Fail				<input type="checkbox"/> Not tested	Distance	Both	R	L	Test used:	20/	20/	20/						Dental Screen	<input type="checkbox"/> Problems Identified: Referred for Treatment <input type="checkbox"/> No Problem: Referred for prevention <input type="checkbox"/> No Referral: Already receiving dental care <input type="checkbox"/> Unable to perform
	Stereopsis <input type="checkbox"/> Pass <input type="checkbox"/> Fail				<input type="checkbox"/> Not tested																
	Distance	Both	R	L	Test used:																
	20/	20/	20/																		
<input type="checkbox"/> Pass <input type="checkbox"/> Referred to eye doctor <input type="checkbox"/> Unable to test-needs rescreen																					

Recommendations to (Pre) School, Child Care, or Early Intervention Personnel	Summary of Findings (check one): <input type="checkbox"/> Well child; no conditions identified of concern to school program activities <input type="checkbox"/> Conditions identified that are important to schooling or physical activity (complete sections below and/or explain here):	
	Allergy: <input type="checkbox"/> food: _____ <input type="checkbox"/> insect: _____ <input type="checkbox"/> medicine: _____ <input type="checkbox"/> other: _____ Type of allergic reaction: <input type="checkbox"/> anaphylaxis <input type="checkbox"/> local reaction Response required: <input type="checkbox"/> none <input type="checkbox"/> epinephrine auto-injector <input type="checkbox"/> other: _____	
	Individualized Health Care Plan needed (e.g., asthma, diabetes, seizure disorder, severe allergy, etc)	
	Restricted Activity Specify: _____	
	Developmental Evaluation <input type="checkbox"/> Has IEP <input type="checkbox"/> Further evaluation needed for: _____	
	Medication. Child takes medicine for specific health condition(s). <input type="checkbox"/> Medication must be given and/or available at school.	
	Special Diet Specify: _____	
	Special Needs Specify: _____	
	Other Comments: _____	
	Other Comments: _____	

Health Care Professional's Certification (Write legibly or stamp) ☐ By checking this box, I certify with an electronic signature that all of the information entered above is accurate (enter name and date on signature and date lines below).

Name: _____ Signature: _____
 Practice/Clinic Name: _____ Address: _____
 Phone: _____ - _____ - _____ Fax: _____ - _____ - _____ Email: _____