



## ADMISSIONS DATES AND INFORMATION

***Applications due March 6, 2020***

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. In order for you to become an official applicant, please follow the procedures outlined below:

**Application Forms:** The parent or legal guardian of the applicant should complete an Application. Please ensure that the items listed on the last page of the application are submitted with the application.

**Open House Dates/Tours:** There will be an Open House on **November 21 at 6:30 p.m.** and on **January 30 at 6:30 p.m.** The Open House will provide you an opportunity to meet our administration and teachers, view our text books and curriculum, and to tour the school campus. If you are unable to attend the Open House you may schedule a tour by contacting the Admissions Office at 703-491-4447, x216 or by email at [admissions@aquinastars.org](mailto:admissions@aquinastars.org).

**Readiness Evaluation:** Students are developmentally evaluated for entrance into Pre-Kindergarten and Kindergarten once the required admission forms have been received. Entrance into Pre-Kindergarten requires that the student be four years old by September 30 and be developmentally ready. Entrance into Kindergarten requires that the student be five years old by September 30 and be developmentally ready. The readiness evaluation is conducted by our faculty and is scheduled for all PreK and Kindergarten applicants on **March 20, 2020**. Applicants will receive notification as to the time of their assessment.

**Middle School Interviews:** Students in sixth-eighth grade will be interviewed by the school counselor and admissions office. Interviews will be conducted on **March 20, 2020** by appointment.

**Admission Decisions:** Acceptance decisions are made usually within two weeks after the screening/ interview or receipt of a completed application and all admissions forms and will be sent out by mail.

**Financial Aid:** All families that are considering a Catholic education for their children and are concerned about affordability are encouraged to apply for Financial Aid. Aquinas utilizes the FACTS Tuition Management Company to process financial aid applications. The website address to the application process is [factsmgt.com/parent-resources/grant-and-aid](https://factsmgt.com/parent-resources/grant-and-aid). The application deadline for parents who have students in a Catholic elementary and Catholic high school is January 10, 2020. The deadline for applications for families with students in K-8 and no high school student is March 18, 2020. There is no financial aid available for Pre School. Additional information on financial aid is available on the school website under the Admissions tab.

**Middle School Specialty Programs.** Middle School students wishing to apply for STEM, Advanced Language Arts, or the Heritage Spanish program must submit a separate application for each of those programs. See the website for more information and the application forms.

**Health Requirements:** Applicants to Aquinas are required to provide a completed Commonwealth of Virginia School Entrance Form with complete immunizations or at a minimum a copy of their immunizations with their application. If only immunizations are submitted the School Entrance Health Form must be submitted by August 1. Please note that the date of assessment (pg.4) on the School Entrance Health Form must be within one year of the first day of school in the new school year.

School Year: 2020-2021 Applying for Grade: \_\_\_\_\_ If PreK: ☐ Morning Session (8:00-11:00) ☐ All Day (8:00-3:00)

### Student Data-Please Print

Legal Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle Name \_\_\_\_\_  
 Nickname \_\_\_\_\_ Sex ☐ Male ☐ Female  
 Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ City, State, Country of Birth \_\_\_\_\_  
(mm/dd/yyyy) (city) (state) (country)  
 Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Parent email address for newsletters, etc. \_\_\_\_\_  
 Primary language spoken in the home \_\_\_\_\_ Secondary language spoken in the home \_\_\_\_\_  
 Student Religion (check one): ☐ Catholic ☐ Other (specify) \_\_\_\_\_  
 Will student be the only child at this school? ☐ Yes ☐ No Oldest Child at this school? ☐ Yes ☐ No  
 If not oldest, name of oldest sibling at school \_\_\_\_\_ Grade \_\_\_\_\_  
 Are there other siblings applying this year? ☐ No ☐ Yes Grade: \_\_\_\_\_ Name: \_\_\_\_\_

### Sacraments

	Date	Church	City and State
Baptism	____/____/____	_____	_____
Reconciliation	____/____/____	_____	_____
First Eucharist	____/____/____	_____	_____
Confirmation	____/____/____	_____	_____

Parish student is currently registered at: \_\_\_\_\_

### Previous Schools Attended

Name of School	Dates attended	Grades	City, State	Telephone
_____	_____	_____	_____	____-____-____
_____	_____	_____	_____	____-____-____
_____	_____	_____	_____	____-____-____

Public School System in which student resides \_\_\_\_\_ Public School Child Would Attend: \_\_\_\_\_

## **Family Background**

Custody: ☐ Both Parents (One Home) ☐ Both Parents (Part/Time Shared Custody) ☐ Mother ☐ Father ☐ Father/Stepmother ☐ Mother/Stepfather  
☐ Grandparents ☐ Sibling ☐ Legal Guardian ☐ International Host Family

### **Mother/Female Guardian**

Full Name \_\_\_\_\_

Honorifics: Miss / Ms. / Mrs. / Dr. / Professor (circle one)

Maiden Name \_\_\_\_\_

Home Address \_\_\_\_\_

Home City, State, ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_

Home Email \_\_\_\_\_

Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Work Email \_\_\_\_\_

Work Street \_\_\_\_\_

Work City, State, Zip \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Marital Status	Married	Separated	Divorced*
(Circle one)	Widowed	Single	Remarried

Country of Birth \_\_\_\_\_

Religion \_\_\_\_\_

Parish \_\_\_\_\_

***\*Appropriate custody paperwork MUST be attached.***

### **Father/Male Guardian**

\_\_\_\_\_

Mr. / Dr. / Professor (circle one)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Married	Separated	Divorced*
Widowed	Single	Remarried

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***\*Appropriate custody paperwork MUST be attached.***

**Student Lives with:** ☐ Both Parents (One Home) ☐ Both Parents (Part/Time Shared Custody) ☐ Mother ☐ Father ☐ Father/Stepmother  
☐ Mother/Stepfather ☐ Grandparents ☐ Sibling ☐ Legal Guardian ☐ International Host Family

Would you like to be included in the Aquinas Family Directory: Yes / No

Salutation for mailings/family directory (e.g., John and Karen Jones, Karen Jones, John Smith): \_\_\_\_\_

**Name and Address of person responsible for tuition/fees payment**

Name \_\_\_\_\_

If not a parent or guardian listed above, please complete:

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

**Grandparent Information:** (If out of the United States, please put N/A. Please list full name i.e., Mrs. John Smith, Mr. Joe Jones)

**Maternal:** Name (Mr. & Mrs./Ms.) \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Name (Mr./Mrs./Ms.): \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

**Paternal:** Name (Mr. & Mrs./Ms.): \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Name (Mr./Mrs./Ms.): \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

**Demographic Data**

The following information is confidential. This information is used for our applications for Federal Grants and submissions to the National Catholic Educational Association's annual statistical analysis of Catholic schools in the United States. Please make a selection for **both** ethnicity and race.

Student's ethnicity: ☐ Hispanic/Latino ☐ Other

Student's race: ☐ American Indian/Native Alaskan ☐ Native Hawaiian/Pacific Islander ☐ Black ☐ Asian ☐ White ☐ Multi-Racial

**To be considered for admission, the following documents must accompany this application:**

- ☐ Non-refundable \$150.00 per family for new students. \$75.00 for a new sibling of a current family.
- ☐ Parent Questionnaire (all grades)
- ☐ Student Questionnaire (grades 6-8 only)
- ☐ Student Recommendation Form if student previously attended school or daycare.
- ☐ Confirmation of Parish Registration must be completed and submitted to your parish. The parish will complete the form and return it to the school. If non-Catholic submit with the application.
- ☐ Copy of Baptismal Certificate
- ☐ Copy of birth certificate
- ☐ Records Request completed and submitted to your current school
- ☐ Commonwealth of Virginia School Entrance Health Form (SEHF) with complete Immunization Record or at a minimum complete immunization record. For the School Entrance Health Form, the student's date of assessment (pg.4) must be within one year of the first day of school. If only immunizations are submitted, the School Entrance Health Form must be submitted by August 1.
- ☐ Current year's report card, including comments, **and** two (2) previous academic year's report cards (if applicable)
- ☐ Current standardized test scores plus the two previous years, if available
- ☐ If your student has ever been suspended, dismissed, expelled, or not permitted to re-enroll at a school, please provide the name of the school and explain the reasons on a separate sheet of paper.
- ☐ If applicable, provide a copy of your student's **Individualized Education Plan (IEP), 504 Plan, Special Education Child Study minutes**, and/or a **Student Assistance Plan (SAP)**. (We may request additional information from you to assist in determining if we can provide reasonable accommodations and an appropriate education for your child.)
- ☐ If applicable, provide a copy of your student's custody decree.

I certify the information provided in this document to be true and accurate to the best of my knowledge.

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Date

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

**OFFICE USE ONLY:**

Application Date \_\_\_\_\_

Date Accepted \_\_\_\_\_

<input type="checkbox"/> Application Fee	<input type="checkbox"/> Baptismal Certificate	<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Immunization Record	<input type="checkbox"/> Physical Form	<input type="checkbox"/> Report Cards
<input type="checkbox"/> Test Scores	<input type="checkbox"/> Scholastic Form	<input type="checkbox"/> Custody Decree	<input type="checkbox"/> Assessment/Interview		
<input type="checkbox"/> Confirmation of Parish Reg. Form		<input type="checkbox"/> In Parish	<input type="checkbox"/> Out of Parish	<input type="checkbox"/> Catholic	<input type="checkbox"/> Other/Non-Catholic
<input type="checkbox"/> ½ Day PreK	Grade _____	Room Number _____			
Teacher/Advisor _____					



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## Student Recommendation Form, Grades 2-8

\_\_\_\_\_ is applying for admission to St. Thomas Aquinas Regional School for grade \_\_\_\_\_. The admissions office would greatly appreciate your cooperation in giving as full an appraisal as possible of this student's performance. Please complete and return the recommendation to our admissions office at your earliest convenience. All reply's will be kept confidential. Please print.

Current School Name: \_\_\_\_\_

School address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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*The following is to be completed by the student's current teacher:*

1. What grade placement do you recommend for the coming school year? \_\_\_\_\_

2. Has the student ever been recommended for or identified as needing psychological, education, special education, gifted, or grade retention testing or programs? If so, please specify.

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3. What types of behaviors are most frequently exhibited by the student in your class? Please clarify the frequency of any behaviors and if they are detrimental to the class as a whole?

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4. In your opinion, does this student exhibit age appropriate social skills (e.g., peer interaction, eye contact, respectful of boundaries)? Please explain.

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5. Did the parents of this student cooperate fully with regard to the achievement of their child?

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6. Did the parents of this student fully cooperate with regard to the policies of the school/classroom?

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7. What are the student's strengths?

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	SUPERIOR	GOOD	AVERAGE	BELOW AVERAGE	UNABLE TO ASSESS
1. Ability to follow instructions					
2. Social skills (gets along well/respect for others)					
3. Demonstrates dependability					
4. Self-motivated					
5. Demonstrates responsibility					
6. Demonstrates enthusiasm in performing assigned tasks					
7. Strives for excellence					
8. Punctual					
9. Mentally alert (organization skills/problem-solving skills)					
10. Demonstrates proper etiquette and manners					
11. Personal appearance/grooming					
12. Demonstrates integrity/honesty					
13. Demonstrates optimism and self-respect					
14. Capacity to try new ideas and increase knowledge					
15. Attitude toward constructive criticism					
16. Ability to adapt to change					
17. Cooperates with others					
18. Communication skills					
19. Demonstrates attention to detail					
20. Ability to set realistic goals					

*We are particularly interested in evidence about character, relative maturity, independence, his/her values, the things about which the student is enthusiastic, and any special talents he/she may possess. If more space is needed, please attach a separate sheet.*

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Teacher Name: \_\_\_\_\_  
Subject Taught: \_\_\_\_\_  
Email address: \_\_\_\_\_  
Date: \_\_\_\_\_

*Please return by mail or email to:*  
**St. Thomas Aquinas Regional School**  
**ATTN: Office of Admissions**  
**13750 Mary's Way**  
**Woodbridge, VA 22191**  
**admissions@aquinastars.org**



## Parent Questionnaire for Grades PK-8

Student Name: \_\_\_\_\_ Parent Name: \_\_\_\_\_

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

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Describe and explain any disciplinary problems that your child has experienced at any previous school? Has your child been withdrawn, dismissed, or been asked to leave any school for any reason? If yes, please explain.

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Are you registered in a Catholic parish? Does your family attend Mass? Where do you go? List some examples of how your family lives your faith?

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Has your child ever been administered a psycho-educational test or battery? Has your child participated in a gifted or talented program? Does your child have a learning disability or an IEP? Has your child ever been diagnosed as ADD or ADD/ADHD? Is your child on medication?



## Parent Questionnaire, pg 2

### PK-8 Grade

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Are there any custody arrangements of which we should be aware? If so, please explain.

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What are your child's feelings about school? Does he/she have any fears or worries?

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Who disciplines your child? What method is used? How does your child respond?

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How do siblings and other children interact socially with your child?

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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?

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Is there anything you would like us to know about your child as we consider your application?



**PARENTS: PLEASE COMPLETE AND FORWARD THIS FORM TO YOUR STUDENT'S CURRENT SCHOOL. DO NOT RETURN IT WITH THE APPLICATION PACKAGE.**

### Release of Student Records

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 2020-2021 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 for you cooperation.

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



**2020-2021 CONFIRMATION OF PARISH REGISTRATION**  
**(One per family/Not per student)**

**EACH FAMILY MUST COMPLETE THIS FORM AND FORWARD IT TO THEIR PARISH BY 1/17/2020. ONLY NON-CATHOLIC FAMILIES MAY RETURN IT DIRECTLY TO THE OFFICE.**

\_\_\_\_\_ **I am a registered Parishioner at (circle one) Our Lady of Angels, St. Elizabeth Ann Seton, or Sacred Heart.** By completing and submitting this form to your Parish, you are acknowledging that you are an active member and supporting the Parish and its programs. In order to qualify for In-Parish rates, Aquinas must have a current confirmation form on file. If your family has not been actively involved or you have not been financially supporting your Parish over the past year, it is assumed that you are not participating and you will be charged the out of parish rate.

\_\_\_\_\_ **I am out of parish and registered at \_\_\_\_\_ Parish.** Please forward this form to your parish office. The parish office will then complete the form and return it directly back to Aquinas. Out of parish families are billed the out of parish rate.

\_\_\_\_\_ **I am a (circle one) Non-Catholic or Non-Active Catholic.** Non-Catholics or Non-Active should mark this line indicating that you are out of parish or Non-Active and return this form to the school office via your student.

**Please print all information**

Parent(s) First and Last Name \_\_\_\_\_

Student Full Name(s): \_\_\_\_\_

Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

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 Servers
_____ Rel. Ed./CYM/RCIA	_____ St. Vincent de Paul Society/Family Concerns	_____ Usher
_____ Perpetual Adoration	_____ Parish fundraising activities _____	

- Briefly comment on your parish involvement:

\_\_\_\_\_

**To be completed by a parish representative**

- The above family is a registered and an active member in:  

<input type="checkbox"/> Our Lady of Angels Parish	<input type="checkbox"/> Sacred Heart Parish
<input type="checkbox"/> St. Elizabeth Ann Seton Parish	<input type="checkbox"/> _____ (Other)
  - The family registered at the above parish in \_\_\_\_\_.  
(Year)
  - Signature of Pastor \_\_\_\_\_ Date \_\_\_\_\_



## HEALTH REQUIREMENTS FOR ADMISSIONS/REGISTRATION/SPORTS

In order to fulfill all the admissions/registration requirements, you must submit a copy of your child's immunization record and a completed "Commonwealth of Virginia School Entrance Form (MCH-213).

**All physicals and immunizations must be submitted to the school prior to August 1, 2020.** Please review each of the requirements carefully to ensure your forms are completed properly.

1. Previous completed physicals must be dated after August 26, 2019. All physicals dated prior to this date will require a new physical.
2. If you attended Pre-School, the state requires that the physical be dated one year prior to enrollment into kindergarten, so for this year, the date would be after August 26, 2019. A new physical is required if dated before this.
3. On the Virginia School Entrance Form, Part I is to be completed by the parent/guardian and signed and dated at the bottom of the form
4. Part II, "Certification of Immunization," needs to be completed by a health care professional (physician, physician's assistant, or nurse practitioner). The immunization requirements are:
  - 4 DTaP vaccines (Diphtheria, Tetanus & Pertussis)-one on or after the 4<sup>th</sup> birthday
  - Polio (IPV) vaccine- 4 doses-one on or after the 4<sup>th</sup> birthday
  - 1Tdap (Tetanus, Diphtheria, & Pertussis) for incoming 7<sup>th</sup> graders (NO grace period allowed)
  - 2 Varicella (chickenpox) vaccine
  - 3 Hepatitis B doses
  - 2 MMR (measles, mumps, rubella)
5. Part III, "Comprehensive Physical Examination Report", also needs to be completed by a health care professional and signed and dated at the bottom of the page. As part of this, the following screenings must be done:
  - Hearing Screening (If an audiometer is not available in the office, please send a note attached to the form stating this. The school nurse will perform the hearing screening with parental consent during our annual health screening.
  - Vision Screening
  - Dental Screening

Separate forms are required if your child requires medication or an individual health care plan for asthma, diabetes, seizures, or allergies. These forms can be found in the school office, clinic, or downloaded from our web site at [www.aquinastars.org](http://www.aquinastars.org). These forms must accompany any medications that are brought to school.

If you would like to request a Religious Exemption, these forms can be found in the Clinic or the school office. This form must have a notary stamp to be accepted. No copies of the original form will be accepted.

**If your child will be participating in a sport, a separate, additional physical form is required.** St. Thomas Aquinas Regional School will only accept the STARS Athletic Participation/Parental Consent/Physical Examination Form. Aquinas forms are available from the school office, clinic, or downloaded from our web site at [www.aquinastars.org](http://www.aquinastars.org). The sport's physical form is just for sports. A school entrance form WILL NOT be accepted as a valid physical for participation in sports.

Questions should be directed to the school nurse at [aplanchak@aquinastars.org](mailto:aplanchak@aquinastars.org).

**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 longer than one year before your child's entry into school.

Name of School: \_\_\_\_\_ Current Grade: \_\_\_\_\_  
 Student's Name: \_\_\_\_\_  
 Student's Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Last First Middle Sex: \_\_\_\_\_ State or Country of Birth: \_\_\_\_\_ Main Language Spoken: \_\_\_\_\_  
 Student's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 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: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_

Condition	Yes	Comments	Condition	Yes	Comments
Allergies (food, insects, drugs, latex)			Diabetes		
Allergies (seasonal)			Head injury, concussions		
Asthma or breathing problems			Hearing problems or deafness		
Attention-Deficit/Hyperactivity Disorder			Heart problems		
Behavioral problems			Lead poisoning		
Developmental problems			Muscle problems		
Bladder problem			Seizures		
Bleeding problem			Sickle Cell Disease (not trait)		
Bowel problem			Speech problems		
Cerebral Palsy			Spinal injury		
Cystic fibrosis			Surgery		
Dental problems			Vision problems		

Describe any other important health-related information about your child (for example; feeding tube, hospitalizations, oxygen support, hearing aid, dental appliance, etc.): \_\_\_\_\_

List all prescription, over-the-counter, and herbal medications your child takes regularly: \_\_\_\_\_

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)			

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

**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 person completing this form: \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Signature** of Interpreter: \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**COMMONWEALTH OF VIRGINIA  
SCHOOL ENTRANCE HEALTH FORM**

**Part II - Certification of Immunization**

***Section I***

**To be completed by a physician or his designee, registered nurse, or health department official.  
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.

Only vaccines marked with an asterisk are currently required for school entry. Form must be signed and dated by the Medical Provider or Health Department Official in the appropriate box.

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
*Last*
*First*
*Middle*
*Mo.*
*Day*
*Yr.*

IMMUNIZATION	RECORD COMPLETE DATES (month, day, year) OF VACCINE DOSES GIVEN				
*Diphtheria, Tetanus, Pertussis (DTP, DTaP)	1	2	3	4	5
*Diphtheria, Tetanus (DT) or Td (given after 7 years of age)	1	2	3	4	5
*Tdap booster (6 <sup>th</sup> grade entry)	1				
*Polio (IPV, OPV)	1	2	3	4	
*Haemophilus influenzae Type b (Hib conjugate) *only for children <60 months of age	1	2	3	4	
*Pneumococcal (PCV conjugate) *only for children <60 months of age	1	2	3	4	
Measles, Mumps, Rubella (MMR vaccine)	1	2			
*Measles (Rubeola)	1	2	Serological Confirmation of Measles Immunity:		
*Rubella	1		Serological Confirmation of Rubella Immunity:		
*Mumps	1	2			
*Hepatitis B Vaccine (HBV) <input type="checkbox"/> Merck adult formulation used	1	2	3		
*Varicella Vaccine	1	2	Date of Varicella Disease OR Serological Confirmation of Varicella Immunity:		
Hepatitis A Vaccine	1	2			
Meningococcal Vaccine	1				
Human Papillomavirus Vaccine	1	2	3		
Other	1	2	3	4	5
Other	1	2	3	4	5

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 *Regulations for the Immunization of School Children* (Reference Section III).

**Signature of Medical Provider or Health Department Official:** \_\_\_\_\_ **Date (Mo., Day, Yr.):** \_\_\_\_/\_\_\_\_/\_\_\_\_

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Section II**  
**Conditional Enrollment and Exemptions**

Complete the medical exemption or conditional enrollment section as appropriate to include signature and date.

**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: [\_\_\_\_]; Pneum: [\_\_\_\_]; Measles: [\_\_\_\_]; Rubella: [\_\_\_\_]; Mumps: [\_\_\_\_]; HBV: [\_\_\_\_]; Varicella: [\_\_\_\_]

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](http://www.vahealth.org/schoolhealth).

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: ☐ M ☐ F

<b>Health Assessment</b>	<b>Date of Assessment:</b> ____/____/____ Weight: _____lbs. Height: _____ft. ____in. Body Mass Index (BMI): _____ BP _____ <input type="checkbox"/> Age / gender appropriate history completed <input type="checkbox"/> Anticipatory guidance provided	<b>Physical Examination</b> 1 = Within normal    2 = Abnormal finding    3 = Referred for evaluation or treatment <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">1   2   3</td> <td style="width: 33%; text-align: center;">1   2   3</td> <td style="width: 33%; text-align: center;">1   2   3</td> </tr> <tr> <td>HEENT    <input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/></td> <td>Neurological    <input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/></td> <td>Skin    <input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/></td> </tr> <tr> <td>Lungs    <input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/></td> <td>Abdomen    <input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/></td> <td>Genital    <input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/></td> </tr> <tr> <td>Heart    <input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/></td> <td>Extremities    <input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/></td> <td>Urinary    <input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/></td> </tr> </table>	1   2   3	1   2   3	1   2   3	HEENT <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Neurological <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Skin <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Lungs <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Abdomen <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Genital <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Heart <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Extremities <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Urinary <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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Heart <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Extremities <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Urinary <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>												
<b>TB Screening:</b> <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														
<b>Test for TB Infection:</b> TST IGRA Date: _____ TST Reading _____mm    TST/IGRA Result: <input type="checkbox"/> Positive <input type="checkbox"/> Negative CXR required if positive test for TB infection or TB symptoms.    CXR Date: _____ <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal														
<b>EPSDT Screens <u>Required</u> for Head Start – include specific results and date:</b> Blood Lead: _____ Hct/Hgb _____														

<b>Developmental Screen</b>	<b>Assessed for:</b>	<b>Assessment Method:</b>	<b>Within normal</b>	<b>Concern identified:</b>	<b>Referred for Evaluation</b>
	Emotional/Social				
	Problem Solving				
	Language/Communication				
	Fine Motor Skills				
	Gross Motor Skills				

<b>Hearing Screen</b>	<input type="checkbox"/> Screened at 20dB: Indicate Pass (P) or Refer (R) in each box.				<input type="checkbox"/> Referred to Audiologist/ENT <input type="checkbox"/> Unable to test – needs rescreen <input type="checkbox"/> Permanent Hearing Loss Previously identified: ____Left ____Right <input type="checkbox"/> Hearing aid or other assistive device
		1000	2000	4000	
	R				
	L				
	<input type="checkbox"/> Screened by OAE (Otoacoustic Emissions): <input type="checkbox"/> Pass <input type="checkbox"/> Refer				

<b>Vision Screen</b>	<input type="checkbox"/> With Corrective Lenses (check if yes)					<b>Dental Screen</b>	<input type="checkbox"/> Problem Identified: Referred for treatment <input type="checkbox"/> No Problem: Referred for prevention <input type="checkbox"/> No Referral: Already receiving dental care
	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						

<b>Recommendations to (Pre) School, Child Care, or Early Intervention Personnel</b>	<b>Summary of Findings (check one):</b> <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: _____	
	____ <b>Individualized Health Care Plan needed</b> (e.g., asthma, diabetes, seizure disorder, severe allergy, etc)	
	____ <b>Restricted Activity</b> Specify: _____	
	____ <b>Developmental Evaluation</b> <input type="checkbox"/> Has IEP <input type="checkbox"/> Further evaluation needed for: _____	
	____ <b>Medication.</b> Child takes medicine for specific health condition(s). <input type="checkbox"/> Medication must be given and/or available at school.	
	____ <b>Special Diet</b> Specify: _____	
	____ <b>Special Needs</b> Specify: _____	
	____ <b>Other Comments:</b> _____	

<b>Health Care Professional's Certification</b> (Write legibly or stamp) <input type="checkbox"/> 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: _____ Date: ____/____/____
Practice/Clinic Name: _____	Address: _____
Phone: _____ - _____ - _____	Fax: _____ - _____ - _____ Email: _____



# DIOCESAN TUITION ASSISTANCE PROGRAM

Office of Catholic Schools  
excellence by design



## Academic Year 2020-2021

### 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 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 [online.factsmgt.com/Signin](https://online.factsmgt.com/Signin)
    - *Only one application is required per family.*
- Remit processing fee.
- Families seeking aid for students in *BOTH ELEMENTARY AND HIGH SCHOOL* should follow the high school submission date.

Due Dates: **HIGH SCHOOL**

**January 10, 2020**

**ELEMENTARY SCHOOL**

**March 18, 2020**

### 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. Once these final award decisions have been made, the schools will then credit the tuition accounts of approved families.

*\$3,678,975 awarded in 2019*

## ● For more information ●

### Questions regarding process

Mallory Sigmon

703.841.2519

[mallory.sigmon@arlingtondiocese.org](mailto:mallory.sigmon@arlingtondiocese.org)

### Questions regarding application

FACTS Grant & Aid

1.866.441.4637

<https://factsmgt.com/parent-resources/grant-and-aid/>

### Award decisions

Please contact [your school](#).

### Diocesan Tuition Assistance

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

# \$3,678,975 ASIGNADOS EN 2019

*Año académico 2020-2021*

## *¿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.factsmtg.com/Signin>

*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 SECUNDARIA El 10 de Enero de 2020**  
**ESCUELA PRIMARIA El 18 de Marzo de 2020**

## *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*

Mallory Sigmon

703.841.2519

[mallory.sigmon@arlingtondiocese.org](mailto:mallory.sigmon@arlingtondiocese.org)

Renee Quirós White

[renee.white@arlingtondiocese.org](mailto:renee.white@arlingtondiocese.org)

### *Decisiones sobre las asignaciones*

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

Diócesis *de* Arlington  
Escuelas Católicas

