



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.

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. 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 (Circle one) Married Separated Divorced*
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 _____

☐ Application Fee

☐ Baptismal Certificate

☐ Birth Certificate

☐ Immunization Record

☐ Physical Form

☐ Report Cards

☐ Test Scores

☐ Scholastic Form

☐ Custody Decree

☐ Assessment/Interview

☐ Confirmation of Parish Reg. Form

☐ In Parish

☐ Out of Parish

☐ Catholic

☐ Other/Non-Catholic

☐ ½ Day PreK

Grade _____

Room Number _____

Teacher/Advisor _____



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 _____

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.

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?

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

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

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

7. What are the student's strengths?

| | 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.

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



Middle School Questionnaire

(For Grades 6-8 only)

Please print in your own handwriting, completing the front and back. Attach a separate sheet if needed.

Name: _____

Date: _____

Present School: _____

Present Grade: _____

Enrolled for how long? _____

Grade applying for _____

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?

Middle School Questionnaire, Pg. 2

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? Describe the situation.

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?



Parent Questionnaire for Grades PK-8

Student Name: _____ Parent Name: _____

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

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.

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?

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

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

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?



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:
☐ Our Lady of Angels Parish
☐ St. Elizabeth Ann Seton Parish
☐ Sacred Heart Parish
☐ _____ (Other)
- The family registered at the above parish in _____.
(Year)
- Signature of Pastor _____ Date _____

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
 - *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

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

Renee Quirós White

renee.white@arlingtondiocese.org

Decisiones sobre las asignaciones

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

Diócesis *de* Arlington
Escuelas Católicas



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 th 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.

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 <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"/> |
| | 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"/> | | | | | | | | | | | | |
| TB Screening: <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 | | | | | | | | | | | | | | |
| Test for TB Infection: 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 | | | | | | | | | | | | | | |
| EPSDT Screens <u>Required</u> for Head Start – include specific results and date: Blood Lead: _____ Hct/Hgb _____ | | | | | | | | | | | | | | |

| | | | | | |
|-----------------------------|------------------------|---------------------------|----------------------|----------------------------|--------------------------------|
| Developmental Screen | Assessed for: | Assessment Method: | Within normal | Concern identified: | Referred for Evaluation |
| | Emotional/Social | | | | |
| | Problem Solving | | | | |
| | Language/Communication | | | | |
| | Gross Motor Skills | | | | |

| | | | | | |
|--|--|------|------|------|--|
| Hearing Screen | <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 | | | | | |

| | | | | | | | |
|--|--|---|-----|-----|-------------------------------------|----------------------|--|
| Vision Screen | <input type="checkbox"/> With Corrective Lenses (check if yes) | | | | | Dental Screen | <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 | | | | | | | |

| | | |
|---|---|--|
| 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: _____ | |

| | | |
|---|----------------------------|----------------------|
| Health Care Professional's Certification (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: _____ |